

BALTIMORE CITY HEALTH DEPARTMENT RYAN WHITE CARE ACT, TITLE I QUALITY IMPROVEMENT PROGRAM (QIP)

CONSUMER SURVEYS

Service Categories

- ✦ Case Management Adherence
- ✦ Client Advocacy
- ✦ Mental Health Services
- ✦ Primary Care: Co-morbidity
- ✦ Substance Abuse Services

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Introduction

The Baltimore City Health Department (BCHD) Title I Quality Improvement Program (QIP) began in FY 2001, the purpose of which is to ensure that people living with HIV/AIDS (PLWH/A) in the Greater Baltimore Eligible Metropolitan Area (EMA) have access to quality care and services consistent with the Ryan White CARE Act. The FY 2001 QIP initiative focused on adult/adolescent primary care and case management services, while FY 2002 focused on medically related care and care coordination. The following service categories were reviewed during FY 2002:

- ✦ Substance abuse treatment services
- ✦ Mental health services: adults
- ✦ Mental health services: children and adolescents
- ✦ Case management adherence
- ✦ Client advocacy
- ✦ Co-morbidity services

To assess the degree to which the respective Standards of Care, as established by the Greater Baltimore HIV Health Services Planning Council (Planning Council), were adhered to across the EMA, baseline data was gathered and analyzed from all Title I vendors in the EMA funded to provide the services listed above. As part of this data collection, FY 2002 consumers of these services were surveyed to assess whether they report receiving components of service in accordance with the Standards of Care as well as to assess other aspects of their experience in receiving these services. These consumer responses are summarized in this report.

Section 1. Methodology

Process

The one to three day on-site QIP reviews were conducted at 100% of the agencies providing the six categories reviewed in FY 2002. The review period focused on services provided in FY 2001 (March 1, 2001 to February 28, 2002) for Title I consumers. Data was collected through three avenues: 1) client chart abstraction; 2) agency surveys; and 3) consumer surveys.

Client Chart Abstraction: The six, service-specific client chart abstraction tools were designed to assess the vendors' adherence to the EMA's Standards of Care. The tools, which were reviewed by BCHD and the Planning Council, were developed by content experts with demonstrated expertise in the service category. The tools contained items specifically relating to the Standards of Care, client demographics and descriptive items relating to service provision. Results for each service category are summarized in six separate data reports.

Agency Survey: Agency surveys were developed for each service category. The tools were a self-report of how well the agency complies with the EMA's Standards of Care. No additional verification of information was undertaken. The contact person for the agency was responsible for completing the agency tool. Results from the agency surveys are summarized in the six separate data reports.

Consumer Survey: Six, service-specific Consumer Surveys were developed and were designed to be completed by the consumers. The tools focused on three primary areas: a) general information about the consumer; b) questions specific to the service category and their respective Standards of Care; and c) issues of access to services and quality and effectiveness of the service. The questions emphasized the content and type of services provided and client's knowledge about their care rather

than on their satisfaction with services. Some of the questions contained in the tools were modified from the New York State Department of Health, AIDS Institute's publication, *Patient Satisfaction Survey for HIV Ambulatory Care*¹.

Prior to the QIP review visit, vendors were requested to invite approximately 20 consumers of the reviewed services to be available to complete the consumer surveys. Consumers could be asked to participate in one of three ways: a) invited to the agency to complete the survey either as part of a group or one-on-one; b) be asked to complete the survey while they were waiting for an appointment; or c) interviewed via the telephone. Completion of the survey by any consumer was voluntary and only with their consent. With the exception of one site, where a conflict existed, a BCHD representative, the Community Liaison, was responsible for administering the consumer surveys. For this other site, one external consumer consultant administered the survey. Consumers who requested it were assisted in completing the survey.

Copies of the six consumer surveys are contained in Appendix B. (Copies of the service category agency and client chart abstraction instruments, as well as the Standards of Care, are included in each of the service category reports.)

Sample

A total of 211 consumers completed surveys. Because some consumers completed surveys for more than one service category, a total of 229 surveys were completed. Demographic information (Tables 5 to 25) is reported for the 211 consumers. A total of 31 service category QIP reviews were conducted during the FY 2002 QIP review process. Of these, all but three agencies, all mental health providers, participated in the consumer survey component of the QIP review. Consumer surveys were not completed by consumers at either of the two agencies providing mental health services to children/adolescents (where the parent, caregiver, or patient could complete the survey), and at one adult mental health agency (Table 1).

The number of consumers completing surveys at each agency ranged from none (0) to 29. The largest number of completed consumer surveys are Substance Abuse (27.0% of all surveys), Client Advocacy (25.3%) and Adult Mental Health Services (23.1%). The smallest number received Case Management Adherence Services (9.6%) (Table 2).

Table 1. Number of consumer surveys completed by agency and service category

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Number of agencies	4	8	5	8	6	31
Number of agencies with consumer surveys completed	4	8	5	5	6	28

¹ New York State Department of Health, AIDS Institute. March 2002, Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV) http://www.hivguidelines.org/public_html/CENTER/quality-of-care/performance_measurement_materials/pss/pdf/pss-hiv_091802.pdf

Table 2. Number of consumer surveys completed by agency and service category

Agency (% of column)	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Anne Arundel County Health Dept.				0 (0%)	—	0 (0%)
BSAS					13 (23.2%)	13 (6.2%)
BCHD STD Clinic			14 (41.2%)			14 (6.6%)
Bon Secours	5 (23.8%)	3 (6.1%)				8 (3.8%)
Chase Brexton Health Services	2 (9.5%)		3 (8.8%)	2 (3.9%)		7 (3.3%)
Good Samaritan	9 (42.9%)					9 (4.3%)
Health Care for the Homeless		6 (12.2%)	10 (29.4%)			16 (7.6%)
HERO				14 (27.5%)		14 (6.6%)
JHU: Adult		11 (22.4%)				11 (5.2%)
JHU: Department of Pediatrics				0 (0%)		0 (0%)
JHU: Psychiatric				14 (27.5%)	10 (17.9%)	24 (11.4%)
JHU: Women's					14 (25%)	15 (7.1%)
MD Community Kitchen		1 (2%)				1 (0.5%)
Park West		10 (20.4%)		19 (37.3%)		29 (13.7%)
People's Community Health Center			1 (2.9%)		2 (3.6%)	3 (1.4%)
Queen Anne's County Health Dept.		1 (2%)				1 (0.5%)
South Baltimore Family Health Center					13 (23.2%)	13 (6.2%)
UMD: EJC	5 (23.8%)	7 (14.3%)	6 (17.6%)	2 (3.9%)	4 (7.1%)	24 (11.4%)
UMD: PACE		9 (18.4)		0 (0%)		9 (4.3%)
Total/% by row	21 (9.9%)	49 * (23.2%)	34 (16.1%)	51 (24.2%)	56 (26.5%)	211 (100%)
Total/% by column	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)
Multiple Client Surveys	1	11	0	2	6	18
Total/% of row	22 (9.6%)	58 (25.3%)	34 (14.8%)	53 (23.1%)	62 (27.0%)	229 (100%)

*Note: One (1) client advocacy survey was not appropriately attributed to an agency. 48 of the 49 completed client advocacy surveys are included in this agency table and the additional survey is included in this total of 49 consumers who completed client advocacy surveys.

Based on the reported number of consumers receiving the Title I funded services, the proportion of consumers completing consumer surveys ranged from 0%, Mental Health Services to Children and Adolescents to 10.1%, Case Management Adherence (Table 3; Figure 1). Most of the surveys (48.9%) were completed with no assistance, 42.3% with assistance, 6.5% were read to the consumer and responses recorded (Table 4).

Table 3. Percent of reported number of Title I consumers surveyed

Service Category	Number of reported Title I consumers	Number of completed consumer surveys	% of Title I consumers completing surveys
Case Management Adherence	218	22	10.1%
Client Advocacy	2,850	58	2.0%
Co-morbidity	433	34	7.8%
Mental Health Services: Adult	913	53	5.8%
Mental Health Services: Children and Adolescents	180	0	0%
Substance Abuse Treatment Services	1,158	62	5.3%

Figure 1. Percent of reported number of Title I consumers surveyed

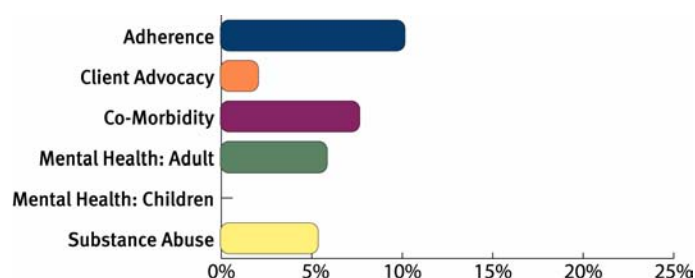


Table 4. Method of consumer survey completion

Method	Adherence	Client Advocacy	Co-morbidity	Mental Health: Adult	Substance Abuse	Total
Completed by consumer with no assistance	6 (27.2%)	22 (37.9%)	13 (38.2%)	32 (60.3%)	39 (62.9%)	112 (48.9%)
Completed by consumer with assistance	10 (45.4%)	35 (60.3%)	19 (55.8%)	15 (33.9%)	15 (24.1%)	97 (42%)
Read to consumer; responses recorded	6 (27.2%)	1 (1.7%)	1 (2.9%)	5 (3.7%)	5 (8.0%)	15 (7%)
Missing/Consumer did not complete	0 (0%)	0 (0%)	1 (2.9%)	3 (4.8%)	3 (4.8%)	5 (2.1%)
Total (% of column)	22 (100%)	58 (100%)	34 (100%)	62 (100%)	62 (100%)	229 (100%)

Section 2. Demographics

This section reports on the demographic information provided by the 211 consumers completing surveys. The same demographic information was asked in each of the five service category consumer surveys. *Note: Data reported in the Mental Health column refer only to the adult consumers completing surveys.*

Age and Gender

The majority of the consumers interviewed were male (56.4%). Client Advocacy consumers included the largest proportion of males (63.3%), while Adherence consumers included the largest proportion of females (52.4%) (Table 5).

Table 5. Gender by service category

Gender	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Female	11 (52.4%)	18 (36.7%)	14 (41.2%)	18 (35.3%)	28 (50%)	89 (42.2%)
Male	10 (47.6%)	31 (63.3%)	20 (58.8%)	31 (60.8%)	27 (48.2%)	119 (56.4%)
Transgender	—	—	—	1 (2%)	—	1 (<1%)
Not reported	—	—	—	1 (2%)	1 (1.8%)	2 (<1%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

The mean age of all consumers was 41.3 years, with women being younger than men, 40.3 years vs. 42.1 years. Client Advocacy consumers were the youngest consumers, and Adherence consumers were the oldest. The largest number of consumers were in their 40s (44%), while almost no consumers were in their teens (0<1%) or older than 59 years (<1%) (Tables 6 and 7).

Table 6. Mean age by gender and by service category

Gender	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	All Consumers
Female (n=87)	42.9 years	33.9 years	38.3 years	43.4 years	42.7 years	40.3 years
Male (n=116)	45.8 years	38.1 years	43.2 years	44.0 years	42.3 years	42.1 years
Transgender (n=1)	—	—	—	35.2 years	—	35.2 years
Not reported			1	4	2	7
Total	44.3 years	36.6 years	41.2 years	43.6 years	42.6 years	41.3 years

Table 7. Age distribution by service category

Years	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
<5	—	8 (16.3%)	—	1 (1.9%)	—	9 (4.2%)
13 - 19	—	1 (2.0%)	—	—	—	1 (<1%)
20 - 29	—	—	4 (11.7%)	1 (1.9%)	1 (1.7%)	6 (2.8%)
30 - 39	6 (28.6%)	14 (28.5%)	10 (29.4%)	12 (23.5%)	19 (33.9%)	61 (28.9%)
40 - 49	10 (47.6%)	17 (34.6%)	14 (41.1%)	23 (45%)	29 (51.7%)	93 (44%)
50 - 59	5 (23.8%)	6 (12.2%)	4 (11.7%)	9 (17.6%)	6 (10.7%)	30 (14.2%)
>59	—	2 (4.0%)	—	—	—	2 (<1%)
Not reported		1 (2%)	2 (5.8%)	5 (9.8%)	1 (1.7%)	9 (4.2%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Race/ethnicity

The overwhelming number of consumers surveyed were African-American (85.8%), with 9.5% White. Adherence services had the largest proportion of consumers who were African-American (95.2%) and Client Advocacy, the smallest proportion (81.6%). Several of the consumers surveyed indicated they were American Indian or Asian/Pacific Islander. None indicated they were Hispanic/Latino/a (Table 8).

Table 8. Race/ethnicity by service category

Race/Ethnicity	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
African-American	20 (95.2%)	40 (81.6%)	30 (88.2%)	43 (84.3%)	48 (85.7%)	181 (85.8%)
White	1 (4.8%)	5 (10.2%)	3 (8.8%)	6 (11.8%)	5 (8.9%)	20 (9.5%)
American Indian	—	1 (2%)	1 (2.9%)	—	1 (1.8%)	3 (1.4%)
Asian/Pacific Islander	—	2 (4.1%)	—	1 (2%)	—	3 (1.4%)
Hispanic/Latino/a	—	—	—	—	—	—
Other	—	1 (2%)	—	—	1 (1.8%)	2 (<1%)
Not reported	—	—	—	1 (2%)	1 (1.8%)	2 (<1%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Transmission risk factor

Heterosexual transmission was the most frequently indicated risk factor (30.3%), followed closely by injection drug use (IDU) (28.9%). Substance Abuse consumers indicated the highest proportion of IDU risk factor (41.1%) and Client Advocacy consumers the least (20.4%). Mental Health consumers indicated the highest proportion of MSM risk factor (17.6% of all Mental Health consumers), which overall, was the third most frequently indicated risk factor (12.8% of all consumers) (Table 9).

Table 9. Transmission risk factor by service category

Risk Factor	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Heterosexual	6 (28.6%)	19 (38.8%)	13 (38.2%)	16 (31.4%)	10 (17.9%)	64 (30.3%)
IDU	6 (28.6%)	10 (20.4%)	9 (26.5%)	13 (25.5%)	23 (41.1%)	61 (28.9%)
MSM	3 (14.3%)	5 (10.2%)	3 (8.8%)	9 (17.6%)	7 (12.5%)	27 (12.8%)
Unknown	3 (14.3%)	4 (8.2%)	5 (14.7%)	3 (5.9%)	5 (8.9%)	20 (9.5%)
Heterosexual/IDU	2 (9.5%)	1 (2%)	1 (2.9%)	5 (9.8%)	8 (14.3%)	17 (8.1%)
Perinatal	—	9 (18.4%)	—	—	1 (1.8%)	10 (4.7%)
Not reported	—	—	1 (2.9%)	3 (5.9%)	1 (1.8%)	5 (2.4%)
Other	1 (4.8%)	1 (2%)	2 (5.9%)	1 (2%)	—	5 (2.4%)
Hemophila/Coag	—	—	—	1 (2%)	1 (1.8%)	2 (<1%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 10. Transmission risk factor by gender

Risk Factor	Female	Male	Transgender	Missing	Total
Heterosexual	34 (38.2%)	30 (25.2%)	—	—	64 (30.3%)
IDU	27 (30.3%)	33 (27.7%)	—	1 (50%)	61 (28.9%)
MSM	—	26 (21.8%)	—	1 (50%)	27 (12.8%)
Unknown	6 (6.7%)	13 (10.9%)	1 (100%)	—	20 (9.5%)
Heterosexual/IDU	9 (10.1%)	8 (6.7%)	—	—	17 (8.1%)
Perinatal	4 (4.5%)	6 (5.0%)	—	—	10 (4.7%)
Not reported	5 (5.6%)	—	—	—	6 (2.8%)
Other	3 (3.4%)	2 (1.7%)	—	—	5 (2.3%)
Hemophilia/Coag	1 (1.1%)	1 (<1%)	—	—	2 (<1%)
Total	89 (100%)	119 (100%)	1 (100%)	2 (100%)	211 (100%)

Current housing

Almost one-third (32.7%) of consumers indicated that they rented a house, apartment, or room **with** the assistance of a housing program, while almost one-quarter (24.2%) indicated they rented a house, apartment, or room **without** any financial assistance. Nearly one-quarter lived in either a family member's home or a friend's home. Overall, Client Advocacy consumers had the largest proportion of consumers living in a homeless/emergency shelter (Table 11).

Table 11. Current housing by service category

Current housing	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Rent with an assistance	8 (38.1%)	17 (34.7%)	8 (23.5%)	20 (39.2%)	16 (28.6%)	69 (32.7%)
Rent without an assistance	3 (14.3%)	15 (30.6%)	5 (14.7%)	10 (19.6%)	18 (32.1%)	51 (24.2%)
Family member's home	7 (33.3%)	6 (12.2%)	8 (23.5%)	8 (15.7%)	8 (14.3%)	37 (17.5%)
Friend's home	2 (9.5%)	3 (6.1%)	6 (17.6%)	1 (2%)	4 (7.1%)	16 (7.6%)
Homeless/emergency shelter	—	4 (8.2%)	2 (5.9%)	3 (5.9%)	1 (1.8%)	10 (4.7%)
Alcohol/Drug Treatment Center	—	1 (2%)	2 (5.9%)	3 (5.9%)	3 (5.4%)	9 (4.3%)
Transitional/half-way house	—	1 (2%)	1 (2.9%)	2 (3.9%)	5 (8.9%)	9 (4.3%)
Own a house/condo	1 (4.8%)	1 (2%)	1 (2.9%)	2 (3.9%)	—	5 (2.4%)
Not reported	—	—	—	1 (2%)	1 (1.8%)	2 (0.9%)
Other	—	1 (2%)	1 (2.9%)	—	—	2 (0.9%)
Streets	—	—	—	1 (2%)	—	1 (0.5%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Incarceration history

More than one-half (56.4%) of consumers reported a history of incarceration. Substance Abuse consumers reported the highest proportion of incarceration (67.9%). More men reported a history of incarceration than women, 59.7% vs. 53.9% (Table 12). Most of the consumers who have been incarcerated have been in jail as recently as the current decade (30.2%) or the 1990s (51.7%) (Table 13).

Table 12. Incarceration experience by service category

History of incarceration	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Yes	11 (52.4%)	23 (46.9%)	20 (58.8%)	27 (52.9%)	38 (67.9%)	119 (56.4%)
No	10 (47.6%)	26 (53.1%)	12 (35.3%)	22 (43.1%)	17 (30.4%)	87 (41.2%)
Missing	—	—	2 (5.9%)	2 (3.9%)	1 (1.8%)	5 (2.3%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 13. Decade of release from jail by service category

Decade Released	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
1960s	—	—	1 (4.7%)	1 (4%)	—	2 (0.8%)
1970s	—	—	—	1 (4%)	—	1 (0.4%)
1980s	1 (9%)	5 (22.7%)	6 (28.5%)	3 (12%)	3 (8.1%)	18 (15.5%)
1990s	9 (82%)	10 (43.4%)	9 (42.8%)	10 (40%)	22 (59.4%)	60 (51.7%)
2000s	1 (9%)	7 (31.8%)	5 (23.8%)	10 (40%)	12 (32.4%)	35 (30.2%)
Total	11 (100%)	22 (100%)	21 (100%)	25 (100%)	37 (100%)	116 (100%)

Insurance

Almost one-quarter (23.1%) of consumers reported having no insurance. Of those with insurance, Medicaid was the most frequent response, followed by Medicare. Nineteen consumers received benefits from the Maryland AIDS Drug Assistance Program (MADAP) (Table 14).

Table 14. Insurance by service category

Insurance	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Medicaid	9	13	11	11	12	56
None	3	7	10	10	20	50
Medicare	4	17	6	17	6	50
MD Primary Care	2	2	—	6	13	23
MADAP	4	6	4	1	4	19
Private Insurance	1	1	1	6	1	10
Don't Know	—	1	3	—	1	5
VA	—	1	—	2	—	3
Corrections	—	—	—	—	—	—
CHIPS	—	—	—	—	—	—
Total	23	48	35	53	57	216

Note: Multiple responses were possible..

HIV/AIDS diagnosis

Most of the consumers reported first testing positive for HIV in the 1990s (58.5%) (Table 15) and most reported having their first positive HIV test being done at a health clinic/doctor's office (58.8%) (Table 16). A hospital was the second most frequent site of the first positive HIV test (14.7%), followed by jail or prison (5.7%). Only 2.8% indicated receiving their first positive HIV test at an anonymous testing site.

Table 15. Decade of first HIV+ test by service category

Decade tested	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
1980s	2 (9.5%)	9 (18.3%)	10 (29.4%)	13 (25.4%)	8 (14.2%)	42 (19.9%)
1990s	14 (66.6%)	24 (48.9%)	15 (44.1%)	29 (56.8%)	35 (62.5%)	117 (55.4%)
2000s	3 (14.2%)	14 (28.5%)	8 (23.5%)	7 (13.7%)	9 (16.0%)	41 (19.4%)
Not reported	2 (9.5%)	2 (4.0%)	1 (2.9%)	2 (3.9%)	4 (7.1%)	11 (5.2%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 16. Test site of first HIV+ test by service category

Test Site	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Health clinic/doctor's office	13 (61.9%)	23 (46.9%)	25 (73.5%)	31 (60.8%)	32 (57.1%)	124 (58.8%)
Hospitalization	6 (28.6%)	7 (14.3%)	3 (8.8%)	6 (11.8%)	9 (16.1%)	31 (14.7%)
Jail or prison	—	2 (4.1%)	2 (5.9%)	4 (7.8%)	4 (7.1%)	12 (5.7%)
Other	—	3 (6.1%)	1 (2.9%)	5 (9.8%)	1 (1.8%)	10 (4.7%)
Labor and delivery	—	9 (18.4%)	—	—	—	9 (4.3%)
Anonymous site	1 (4.8%)	1 (2%)	1 (2.9%)	1 (2%)	2 (3.6%)	6 (2.8%)
Drug treatment program	—	1 (2%)	—	3 (5.9%)	2 (3.6%)	6 (2.8%)
Emergency room	1 (4.8%)	1 (2%)	1 (2.9%)	—	2 (3.6%)	6 (2.8%)
Prenatal care visit	—	1 (2%)	—	—	3 (5.4%)	4 (1.9%)
Not reported	—	1 (2%)	—	1 (2%)	—	2 (0.9%)
Job Corps	—	—	1 (2.9%)	—	—	1 (0.5%)
Military	—	—	—	—	1 (1.8%)	1 (0.5%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Well under half of the consumers reported receiving an AIDS diagnosis (40.7%). Most (55.4%) said they have had an AIDS diagnosis (Table 17). A larger proportion of men reported an AIDS diagnosis than women, 45.4% vs. 36%.

Table 17. Received AIDS diagnosis by service category

AIDS diagnosed	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Yes	8 (38.1%)	24 (48.9%)	7 (20.5%)	21 (41.1%)	26 (46.4%)	86 (40.7%)
No	13 (61.9%)	24 (48.9%)	25 (73.5%)	26 (50.9%)	29 (51.7%)	117 (55.4%)
Don't Know	—	1 (2%)	1 (2%)	1 (2%)	1 (2%)	4 (1.9%)
Not reported	—	—	1 (2%)	3 (8.8%)	—	4 (1.9%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Biological indicators

Consumers were asked about their most recent CD4 and viral load laboratory values. One-third of consumers (32.2%) indicated that they did not remember their most recent CD4 count and slightly more (36.4%) indicated that they did not remember their most recent viral load. Slightly less than 3% indicated not knowing “what this means” and two of the consumers indicated that they had never had a viral load done. Adherence consumers were the least likely to report their recent CD4 count or viral load, with the majority of surveyed consumers indicating not remembering their CD4 (61.9% of Adherence consumers) or viral load (52.3% of Adherence consumers). Over three-quarters (76.4%) of Mental Health consumers reported their most recent CD4 count and 65.3% of Client Advocacy consumers reported their most recent viral load (Table 18 & 20).

Of those consumers who did report these laboratory values, the mean CD4 count was 393 mm³, with Substance Abuse consumers having the highest mean CD4 count and Co-morbidity consumers the lowest, 451 mm³ and 306 mm³, respectively (Table 19). Almost one-half (48.4%) reported an undetectable viral load (Table 21). One-third (33.3%) of Substance Abuse consumers reported an undetectable viral load, while 68.8% of Client Advocacy consumers reported an undetectable viral load.

Table 18. Consumer report of most recent CD4 count

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Consumer reports CD4 count	8 (38.0%)	27 (55.1%)	22 (64.7%)	39 (76.4%)	38 (67.8%)	134 (63.5%)
"I don't know what this means"	—	—	1 (2.9%)	2 (3.9%)	2 (3.5%)	5 (2.4%)
"I don't remember it"	13 (61.9%)	21 (42.8%)	10 (29.4%)	8 (15.6%)	16 (28.5%)	68 (32.2%)
Missing	—	1 (2%)	1 (2.9%)	2 (3.9%)	—	4 (1.8%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 19. Reported most recent CD4 count by service category (n=134)

CD4 range	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
< 50/mm ³	1 (12.5%)	2 (7.4%)	1 (4.5%)	6 (15.4%)	4 (10.5%)	14 (10.4%)
50 - 199/mm ³	1 (12.5%)	7 (25.9%)	5 (22.7%)	6 (15.4%)	7 (18.4%)	26 (19.4%)
200 - 499/mm ³	5 (62.5%)	12 (44.4%)	14 (63.6%)	14 (35.9%)	24 (33.3%)	58 (43.3%)
> 500/mm ³	1 (12.5%)	6 (22.2%)	2 (9.1%)	13 (33.3%)	14 (36.8%)	36 (26.9%)
Total	8 (100%)	27 (100%)	22 (100%)	39 (100%)	38 (100%)	134 (100%)
Mean	368 mm³	369 mm³	306 mm³	404 mm³	451 mm³	392 mm³

Table 20. Consumer report of most recent viral load count

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Consumer reports viral load	9 (42.8%)	32 (65.3%)	18 (52.9%)	32 (62.7%)	33 (58.9%)	124 (58.7%)
"I don't know what this means"	—	1 (2%)	0 (0%)	2 (3.9%)	3 (5.3%)	6 (2.8%)
"I don't remember it"	11 (52.3%)	16 (32.6%)	16 (47%)	15 (29.4%)	19 (33.9%)	77 (36.4%)
"Have never been tested"	1 (4.7%)	—	—	1 (1.9%)	—	2 (<1%)
Missing	—	—	—	1 (1.9%)	1 (1.7%)	2 (<1%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 21. Reported most recent viral load by service category (n=124)

Viral load range	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Undetectable	6 (66.7%)	22 (68.8%)	9 (50%)	12 (37.5%)	11 (33.3%)	60 (48.4%)
51 – 999/mL	1 (11.1%)	1 (3.1%)	4 (22.2%)	7 (21.9%)	11 (33.3%)	24 (19.4%)
1,000 - 4,999/mL	—	4 (12.5%)	3 (16.7%)	6 (18.8%)	4 (12.1%)	17 (13.7%)
5,000 - 19,999/mL	—	—	—	2 (6.3%)	4 (12.1%)	6 (4.8%)
20,000 - 99,999/mL	1 (11.1%)	1 (3.1%)	1 (5.6%)	—	—	3 (2.4%)
>99,999/mL	1 (11.1%)	4 (12.5%)	1 (5.6%)	5 (15.6%)	3 (9.1%)	14 (11.3%)
Total	9 (100%)	32 (100%)	18 (100%)	32 (100%)	33 (100%)	124 (100%)

Comparison with Baltimore City EMA prevalence data²

In comparison with reported Baltimore City EMA HIV/AIDS prevalence, the consumers surveyed a slightly lower proportion of African-Americans. The sample of records has a lower representation of adult males, a slightly higher representation of adult women and higher proportion of adults in the 40-49 year age range.

Table 22. Demographic comparison of surveyed consumers with Baltimore City HIV/AIDS prevalence

Population	Surveyed consumers	Baltimore City HIV/AIDS prevalence
African-American	85.8%	89.0%
White	9.5%	9.9%
Adult Male (>13 years)	53.1%	62.7%
Adult Female (>13 years)	39.8%	37.3%
Ages 30 – 39 years	30.2%	30.0%
Ages 40 – 49 years	46%	42.0%
Ages 50 – 59 years	14.9%	15.6%

HRSA reporting categories

Client demographics by HRSA reporting categories are reported below (Table 23).

Table 23. Proportion of surveyed consumers by HRSA reporting category

Population	Surveyed consumers
0 – 12 months	0%
1 – 12 years	4.5%
13 – 24 years	1.4%
Women >= 25 years	39.3%
African-American/Female	36.0%
African-American/Male	48.8%

Current health rating

Consumers were asked to indicate their current health status, using a five-point Likert scale. Overall, the mean response was 3.1 on the five point scale, indicating that they considered their health “good”. Substance Abuse consumers had the lowest mean rating, 2.9, and Co-morbidity consumers the highest, 3.1 (Table 24 & Figure 2).

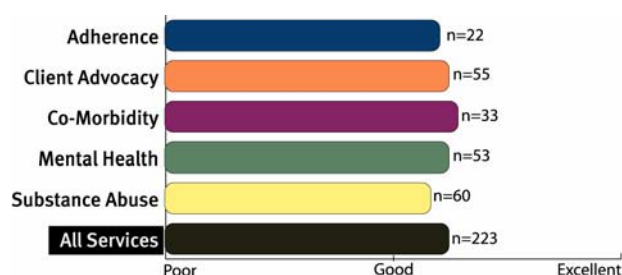
Table 24. Rating of current health status

Scale: Poor = 1; Excellent = 5

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	3.0 of 5.0	3.1 of 5.0	3.2 of 5.0	3.1 of 5.0	2.9 of 5.0	3.1 of 5.0
n=	22	55	33	53	60	223

² Baltimore City Health Department, HIV Surveillance Program, “Baltimore City HIV/AIDS Epidemiological Profile,” Third Quarter 2002. Prevalence data on September 30, 2001 as reported through September 30, 2002.

Figure 2. Consumer rating of health



Length of receipt of services

A large number of consumers reported receiving services from the surveyed agency for more than five years (28.9%) while 16.5% indicated receiving services from the agency for less than six months. Client Advocacy consumers had the largest proportion receiving services the longest, and Substance Abuse consumers, the largest proportion receiving services the shortest length of time (Table 25).

Slightly more than one-third (34.8%) of consumers reported receiving the surveyed service for one year or less, with 20.9% receiving the surveyed service for more than five years. Substance Abuse consumers had the largest proportion of consumers receiving the surveyed service for the shortest length of time while Client Advocacy consumers had the largest proportion of consumers receiving the surveyed service for the longest length of time (Table 26).

Table 25. Length of receipt of agency services by service category

Length	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
< 6 months	1 (4.8%)	6 (12.2%)	2 (5.9%)	10 (19.6%)	16 (28.5%)	35 (16.5%)
6 months - 1 year	1 (4.8%)	8 (16.3%)	2 (5.9%)	5 (9.8%)	8 (14.2%)	24 (11.3%)
1 - 2 years	4 (19%)	9 (18.9%)	10 (29.4%)	7 (13.7%)	7 (12.5%)	37 (17.5%)
2 - 5 years	11 (52.3%)	9 (18.4%)	7 (20.6%)	12 (23.5%)	7 (12.5%)	46 (21.8%)
> 5 years	4 (19%)	17 (34.6%)	11 (32.4%)	16 (31.3%)	13 (23.2%)	61 (28.9%)
Missing	—	—	2 (5.9%)	1 (1.9%)	5 (8.9%)	8 (3.7%)
Total	21 (100%)	49 (100%)	34 (100%)	51 (100%)	56 (100%)	211 (100%)

Table 26. Length of receipt of surveyed services by service category

Length	Adherence	Client Advocacy	Co-morbidity*	Mental Health	Substance Abuse	Total
< 6 months	1 (4.5%)	12 (20.7%)	3 (8.8%)	15 (28.3%)	23 (37.1%)	54 (23.5%)
6 months - 1 year	2 (9.1%)	6 (10.3%)	3 (8.8%)	6 (11.3%)	9 (14.5%)	26 (11.3%)
1 - 2 years	4 (18.2%)	11 (19%)	10 (29.4%)	10 (18.9%)	11 (17.7%)	46 (20%)
2 - 5 years	12 (59.5%)	7 (12.1%)	8 (23.5%)	10 (18.9%)	8 (12.9%)	45 (19.6%)
> 5 years	3 (13.6%)	19 (32.8%)	8 (23.5%)	11 (20.8%)	7 (11.3%)	48 (20.9%)
Missing	—	3 (5.2%)	2 (5.9%)	1 (1.9%)	4 (6.5%)	10 (4.3%)
Total	22 (100%)	58 (100%)	34 (100%)	53 (100%)	62 (100%)	229 (100%)

* The Co-morbidity survey asked consumers about the length of time primary care, case management, mental health and substance abuse services were received from the agency. This column reports only those responses for primary care, which was the most frequently used service by co-morbidity consumers.

Section 3. Service category consumer survey responses

This section reports the consumer survey responses specific to each of the service categories. When applicable, the service category's Standard of Care is referenced. A narrative describes and discusses the consumer responses by topic. Following this narrative, the consumer responses to each of the questions, and their proportions, are provided in a tabular format. The question number corresponds to the question number contained in the specific consumer survey. When a question was asked using a Likert scale, the mean response is reported and the scale for that question is listed above the table³. Section 4 reports the consumer responses to the questions which were common across the service categories. Each of the surveys asked consumers "What would you change to make this program better for yourself and other clients?" These transcribed responses are reported by service category in Appendix A.

A. Case Management Adherence

Case Management Adherence services assist consumers who have had difficulty in adhering to their medical services or their medical treatment. The Standards of Care address issues relating to assessment and support for adherence as well as case management-related issues. The consumer survey questions are grouped into three areas: 1) adherence support; 2) treatment planning and care coordination; and 3) patient education.

1. Adherence support

Consumers indicated that they receive effective support in adhering to treatment regimens and medical appointments. Almost all (96%) of consumers indicated that staff at the agencies assisted with adherence to medical appointments and medications (Question 16). The most frequently identified staff who provided this support were peer counselors and case managers, followed by doctors and nurses (Question 16b). Of those consumers who indicated having a peer counselor, 73% spoke with their peer counselor weekly (Question 19). Slightly more than one quarter (27%) of consumers indicated that providers talked with them about taking their medications when they are at the clinic and/or gave them a pill box. A smaller number (22.7%) indicated that staff called to remind them to take their medications. Other cited methods of support included: providing educational material, providing a schedule, or providing a watch with an alarm (Question 18). Consumers reported that providers "most times" asked whether they've remembered to take their HIV medications, a mean of 4.09 on a 5-point scale (Question 25), and that providers "most times" told consumers how important it is to keep medical appointments, 4.09 on a 5-point scale (Question 28).

Consumers also indicated that the services were beneficial in helping them understand the "importance of taking HIV medications and coming to medical appointments," a mean of 3.59 on a 4-point scale (Question 26b), and to a lesser degree, that the services helped them to take HIV medications, a mean of 3.48 on a 4-point scale (Question 26c).

Forty-one percent (41%) of consumers indicated that they missed a primary care appointment in the previous three months (Question 20). Reasons for missing appointments were: forgetting (5 consumers), scheduling conflict (2 consumers), and not having transportation (1 consumer) (Question 20c). Consumers who missed appointments indicated that they called to reschedule their appointment when they remembered (6 consumers); that they received a phone call from the clinic (5 consumers); or that they received a letter from the clinic (4 consumers).

³ Three scales were used: The four-point scale asked for level of agreement to the statement with the scale 1="Strongly disagree"; 2="Disagree"; 3="Agree"; and 4="Strongly agree."; a five-point scale asked for frequency with the scale 1="Never"; 2="Rarely"; 3="Sometimes"; 4="Most times"; 5="All of the time"; and a five-point scale asked for a comparison of quality with the scale: 1="Much worse"; 2="Worse"; 3="The same"; 4="Better"; and 5="Much better."

Two-thirds (64%) of consumers indicated that they had not missed any HIV medication doses in the previous month, with 9% indicated missing one dose, 9%, two doses, 5%, three doses, and 9%, more than three doses (Question 21). Reasons for missing medication were: being busy (4 consumers), not having medication (1 consumer), feeling too sick to take medication (1 consumer), and not wanting to eat with the medication (1 consumer) (Question 21b).

2. Treatment planning and care coordination

The Case Management Adherence Standards of Care specify that consumers have an adherence intervention plan developed following an assessment of barriers to adherence, that this plan be signed by the consumer, and that it be reevaluated every quarter [CMA Standards VI.2, VI.3, and VI.4]. Two-thirds (68%) of consumers indicated having an adherence intervention plan (Question 17). Of those who indicated having a plan, 66% indicated that they signed their adherence intervention plan (Question 17b) and 66% of those responding indicated that they reviewed their adherence intervention plan every three months and made changes to it if needed (Question 17c).

Consumers also indicated that they agreed to a statement that their providers “worked together to help me”, a mean of 4.5 on a 5-point scale (Question 26e).

3. Patient Education

Three-quarters of consumers (77%) indicated that providers explained the side effects of HIV medications in a way they could understand (Question 22); consumers also indicated that it was “rarely” hard to understand answers to their questions, a mean of 4.24 on a 5-point scale (Question 30). Eighty-two percent (82%) indicated that providers explained the type and frequency of medical tests they should be receiving (Question 24).

Question 16. Is there someone at this agency who helps remind you attend your medical appointments or to take your medications?

Response	#/%
Yes	21 (96%)
No	1 (4%)
Not Sure	—
I don't need assistance with this	—
Missing/Not answered by consumer	—
Total	22 (100%)

Question 16b. If Yes (to Question 16), who is this person?

Response	#
Peer counselor	17
Case Manager	17
Nurse	5
Doctor	5
Total	44

Note: Multiple responses provided.

Question 17. Do you have an adherence intervention plan that you developed with your case manager or nurse?

Response	#/%
Yes	15 (68%)
No	5 (23%)
Not Sure	1 (5%)
I don't know what a treatment plan is	1 (5%)
Missing/Not answered by consumer	—
Total	22 (100%)

Question 17b. If Yes (to Question 17), did you sign your adherence intervention plan?

Response	#/%
Yes	10 (45%)
No	3 (14%)
I don't remember.	2 (9%)
I don't have a plan.	—
I don't know what a treatment plan is.	—
Missing/Not answered by consumer	7 (32%)
Total	22 (100%)

Question 17c. If Yes (to Question 17), did you review your adherence intervention plan every three months and make changes to it if you needed to?

Response	#/%
Yes	10 (45%)
No	5 (23%)
I don't remember.	—
I don't have a plan.	—
I don't know what a treatment plan is.	—
Missing/Not answered by consumer	7 (32%)
Total	22 (100%)

Question 18. How do the people here help you remember to take your HIV medications? (Check all that apply).

Response	#/% of all consumers
They talk to me when I am at the clinic about taking them.	12 (27.2%)
They gave me a pill box.	12 (27.2%)
They call to remind me.	10 (22.7%)
They gave me some educational materials to help me remember.	4 (9%)
They wrote out a schedule for me.	2 (4.5%)
They gave me a watch with an alarm.	2 (4.5%)
Other	2 (4.5%)
They page to remind me.	—
They don't do anything to help me remember.	—
I don't take medications for my HIV disease.	—

Missing/Not answered by consumer	—
Total	44

Note: Multiple responses provided.

Question 19. How often do you talk to your peer counselor?

Response	#/%
I don't have a peer counselor.	10 (22.7%)
Weekly	8 (36.3%)
Monthly	1 (4.5%)
Several times a week.	1 (4.5%)
Twice a month.	1 (4.5%)
Missing/Not answered by consumer	1 (4.5%)
I don't talk with my peer counselor	—
Total	22 (100%)

Question 20. Have you missed any primary medical care appointments in the last 3 months?

Response	#/%
Yes	9 (40.9%)
No	12 (54.5%)
I haven't had an appointment in the last 3 months.	—
Missing/Not answered by consumer	1 (4.5%)
Total	22 (100%)

Question 20b. If Yes (to Question 20), when you missed these appointments, what happened?

Response	#/%
I call to reschedule when I remember.	6
Someone from the clinic calls me.	5
I get a letter from the clinic.	3
Someone from the clinic comes to see me.	1
Nothing happens.	1
I haven't missed any appointments.	—
Someone from the clinic pages me.	—
Total	16

Note: Multiple responses provided.

Question 21. In the last month, how many times have you forgotten to take your HIV medications?

Response	#/%
Never	14 (64%)
One time	2 (9%)
Two times	2 (9%)
More than 3 times.	2 (9%)
Three times	1 (5%)
Missing/not answered by consumer	1 (5%)
I'm not taking HIV medications	—
Total	22 (100%)

Question 22. Did your providers explain the side effects of your HIV medications in a way you could understand?

Response	#/%
Yes	17 (77.2%)
No	2 (9%)
I'm not sure	—
Does not apply	1 (4.5%)
Missing/not completed by consumer	2 (9%)
Total	22 (100%)

Question 23. Did your providers tell you ways to help you remember to take your HIV medications.

Response	#/%
Yes	15 (68%)
No	4 (18%)
I'm not sure	—
Does not apply	1 (5%)
Missing/not completed by consumer	2 (9%)
Total	22 (100%)

Question 24. Did your providers explain to you what kinds of medical tests you should be getting and how often you should get them?

Response	#/%
Yes	18 (82%)
No	1 (5%)
I'm not sure	3 (14%)
Missing/not completed by consumer	—
Total	22 (100%)

Question 25. Each time you come for a medical appointment or case management visit, do your providers ask you whether you've remembered to take your HIV medications?

Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.09 of 5
N=	22

Question 26b. This program helped me understand the importance of taking my HIV medications and coming to my medical appointments.

Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.59 of 4
N=	22

Question 26c. This program helped me to take my HIV medications.

Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.48 of 4
N=	21

Question 26e. My care manager and my HIV medical providers worked together to help me.

Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	4.5 of 5
N=	22

Question 28. How often do your providers tell you how important it is to keep your appointments?

Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.09 of 5
N=	22

Question 30. When you asked your providers about your health, was it hard to understand their answers?

Scale: 1="All of the time"; 5="Never"

Response	
Mean	4.24 of 5
N=	21

B. Client Advocacy

Client Advocacy services assist consumers in identifying and accessing needed services. In addition, Client Advocacy services are also aimed at assisting persons with Medicaid managed care (MCO) insurance. The consumer survey questions are grouped into three areas: 1) client advocacy and care coordination; 2) treatment planning and adherence support; and 3) insurance-related issues.

1. Client Advocacy and care coordination

Nearly three-quarters of consumers (72%) indicated that they had an assigned client advocate at the agency (Question 17). The Client Advocacy Standards of Care specify that the client advocate works proactively with the consumer, through office visits, home visits and phone calls to obtain services [Standard 1.3.a]. The largest number of consumers indicated that they met or talked with their client advocate on a weekly basis (40% of those responding); other frequent responses included: “monthly”, “a few times a month” or “when ever there is a need” (Question 17b). Almost half (49%) of the responding consumers indicated that they usually initiated contact with the client advocate, and about one-third (33%) indicated that contact was initiated equally by the client advocate or consumer. A smaller proportion (16%) responded that the client advocate usually contacted the consumer (Question 17c).

Almost all responding consumers indicated that they felt the frequency of contact with their client advocate was “the right amount of contact” (Question 17d). Only 15% of responding consumers indicated that their client advocate visited them at their home (Question 17e.), while 75% indicated that their client advocate telephoned them (Question 17f). Almost an equal number of responding consumers either agreed or disagreed with the statement: “I wanted my client advocate to spend more time with me to help me with my problems”, a mean of 2.49 on a 4-point scale (Question 21b).

2. Treatment planning and adherence support

The Client Advocacy Standards of Care specify that consumers have a written action plan developed with the consumer, that it be reviewed every six months and that they sign a consent to allow their client advocate to discuss this action plan with other service providers [CA Standards 1.2.b, 1.4.a, and 1.2.c]. Forty percent (40%) of consumers indicated having a client advocacy action plan (or care plan), and 61% of responding consumers indicated that they signed their plan. More than half (58%) of responding consumers indicated that they reviewed their plan every three months and made necessary changes, while 59% indicated that they signed a consent form to allow their client advocate to discuss their needs with other service providers.

Consumers indicated that “most times” their providers asked whether they’ve remembered to take their HIV medications, a mean of 4.12 on a 5-point scale (Question 20), and with a greater frequency, that providers told them the importance of keeping their appointments, a mean of 4.31 on a 5-point scale.

3. Insurance-related issues

Consumers agreed with a statement that their client advocate provided assistance with obtaining services that their health insurance would not provide, a mean of 3.4 on a 4-point scale (Question 21d). Consumers agreed with the statements that their client advocate helped them understand “my Medicaid managed care health insurance”, a mean of 3.31 on a 4-point scale (Question 21e); and that their client advocate and “MCO case manager worked together to help me”, a mean of 3.30 on a 4-point scale (Question 21e). Additionally, a majority of consumers (60%) indicated that their client advocate assisted them in completing forms to ensure that their Medicaid coverage continued (Question 22). These responses should be reviewed in the context that only 27% of consumers indicated having Medicaid, and that fewer than 10 of the 58 (17%) surveyed consumers responded that these Medicaid-related questions did “not apply” to their circumstances.

Question 17. Do you have an assigned client advocate, sometimes called a case manager, at this agency?

Response	#/%
Yes	42 (72%)
No	11 (19%)
Not Sure	4 (7%)
Missing/Not answered by consumer	1 (3%)
Total	58 (100%)

Question 17b. How often do you meet or talk with your client advocate?

Response	#/%
Weekly	17 (30%)
Monthly	5 (9%)
A few times a month.	4 (7%)
Whenever there is a need.	4 (7%)
Daily	3 (5%)
Every 2 to 6 months.	3 (5%)
A few times in the past year.	2 (3%)
Whenever I have a clinic appointment.	2 (3%)
I do not have a client advocate.	1 (2%)
We don't talk	1 (2%)
Other	—
Missing/not answered by consumer	16 (28%)
Total	58 (100%)

Question 17c. Who usually initiates contact, you or your client advocate?

Response	#/%
I do not have a client advocate.	—
I usually contact my client advocate.	21 (36%)
My client advocate usually checks in with me.	7 (12%)
It's about the same. My client advocate calls me or I call the client advocate.	14 (24%)
I don't have contact with my client advocate.	1 (2%)
Missing/Not answered by consumer	15 (26%)
Total	58 (100%)

Question 17d. Do you think you have the right amount of contact with your client advocate?

Response	#/%
I do not have a client advocate.	1 (2%)
It's the right amount of contact.	41 (71%)
Too much contact	—
Too little contact	1 (2%)
Missing/Not answered by consumer	14 (24%)
Total	58 (100%)

Question 17e. Has your client advocate ever visited you at your home?

Response	#/%
I do not have a client advocate.	—
Yes	7 (12%)
No	38 (66%)
I've asked him/her not to visit me at my home.	—
Missing/Not answered by consumer	13 (22%)
Total	58 (100%)

Question 17f. Has your client advocate ever telephoned you?

Response	#/%
I do not have a client advocate.	—
Yes	34 (59%)
No	9 (16%)
I don't have a telephone.	1 (2%)
Missing/Not answered by consumer	14 (24%)
Total	58 (100%)

Question 18. Many agencies develop a client advocacy action plan (or care plan) for their consumers. This written plan lists the services that consumers will receive and the goals and purpose of their services. Do you have a client advocacy plan (or care plan) that you developed with your client advocate?

Response	#/%
Yes	22 (40%)
No	27 (47%)
Not Sure	6 (10%)
I don't know what a client advocacy action plan is.	—
Missing/Not answered by consumer	3 (5%)
Total	58 (100%)

Question 18b. If Yes (to Question 18), did you sign your client advocacy action plan?

Response	#/%
Yes	17 (29%)
No	8 (14%)
I don't remember.	3 (5%)
I don't have a client advocacy action plan.	1 (2%)
I don't know what a client advocacy action plan is.	1 (2%)
Missing/Not answered by consumer	28 (48%)
Total	58 (100%)

Question 18c. If Yes (to Question 18), did you review your client advocacy action plan every three months and make changes to it if you needed to?

Response	#/%
Yes	15 (26%)
No	7 (12%)
I don't remember.	4 (7%)
I don't have a plan.	1 (2%)
I don't know what a client advocacy action plan is.	—
Missing/Not answered by consumer	31 (53%)
Total	58 (100%)

Question 19. Have you signed a consent form allowing your client advocate to discuss your needs (or action plan) with other service providers if they can help you meet your needs?

Response	#/%
Yes	32 (55%)
No	13 (22%)
I don't remember.	9 (16%)
Missing/Not answered by consumer	4 (7%)
Total	58 (100%)

Question 20. Each time you come for a medical appointment or case management visit, do your providers ask you whether you've remembered to take your HIV medications?
Scale: 1= "Never"; 5= "All of the time"

Response	
Mean	4.12 of 5
N=	42

Question 21b. I wanted my client advocate to spend more time with me to help me with my problems.
Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	4.12 of 5
N=	42

Question 21d. My client advocate helped me get the services that my insurance would not provide me.
Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.4 of 4
N=	52

Question 21e. My client advocate helped me understand my Medicaid managed care health insurance.
Scale: 1= “Strongly disagree”; 4= “Strongly agree”

Response	
Mean	3.31 of 4
N=	48

Question 21g. My client advocate and my MCO case manager worked together to help me.
Scale: 1= “Strongly disagree”; 4= “Strongly agree”

Response	
Mean	3.30 of 4
N=	43

Question 22. Did your client advocate ever help you complete forms to make sure that your Medicaid coverage continued?

Response	#/%
Yes	35 (60%)
No	14 (24%)
I don't remember.	9 (16%)
Missing/Not answered by consumer	—
Total	58 (100%)

24. How often do your providers tell you how important it is to keep your appointments?
Scale: 1=“Never”; 5=“All of the time”

Response	
Mean	4.31 of 5
N=	58

C. Primary Medical Care: Co-Morbidity

Primary Medical Care: Co-Morbidity services assist consumers who have a co-morbid condition with their HIV disease: substance abuse, mental illness and/or homelessness. The purpose of these services is to decrease the fragmentation of the service delivery system and to reduce the barriers to care by providing integrated care for these clients. The goal of this service category is to increase consumer adherence to medical appointments and treatment. The consumer survey questions are grouped into three areas: 1) adherence support; 2) treatment planning and care coordination; and 3) patient education.

1. Adherence support

Consumers indicated that they received effective support in adhering to medical appointments and medications. Sixty-eight percent (68%) of consumers indicated that staff at the agency assisted them with adherence to medical appointments and medications (Question 16). The more frequently identified staff who provided this support were case managers and nurses, followed by doctors (Question 17). Over half (63%) of consumers indicated that providers told them ways to help them remember to take medications. Frequently cited methods of medication adherence support included: staff talking with consumers when they were in the clinic; providing a pill box and educational materials to consumers (Question 18). Consumers reported that providers nearly “all of the time” asked whether they’ve remembered to take their HIV medications, a mean of 4.82 on a 5-point scale (Question 25), and that providers nearly “all of the time” told consumers how important it is to keep appointments, a mean of 4.53 on a 5-point scale (Question 28). Consumers also indicated that the services were helpful in understanding the “importance of taking HIV medications and coming to medical appointments”, a mean of 3.7 on a 4-point scale (Question 26b), and to a lesser degree, that the services helped them to take HIV medications, a mean of 3.32 on a 4-point scale (Question 26c).

Only one-third of consumers indicated that they missed a primary care appointment in the previous three months (Question 20). Reasons for missing appointments were: “I forgot”, a hospitalization, depression or court date (Question 20c). Consumers who missed appointments indicated that they called to reschedule their appointment when they remembered (8 consumers), that they received a letter from the clinic (6 consumers), or that they received a phone call from the clinic (4 consumers) (Question 20b). Slightly more than one-half (52%) of consumers responding, indicated that they had not missed any HIV medication doses in the previous month, with 20% indicated missing one dose, 16%, two doses, 4%, three doses, and 8%, more than three doses (Question 21). Reasons for missing medication were: over sleeping, being busy, or forgetting (Question 21b).

2. Treatment planning and care coordination

Fewer than half of the consumers (48% of responding consumers) indicated having a treatment plan for their Co-morbidity service (Question 17); 55% of responding consumers indicated signing their treatment plan (Question 17b); and 56% of responding consumers indicated reviewing their treatment plan quarterly (Question 17c). A larger proportion of consumers indicated attending a meeting at the agency to discuss their treatment plan with their providers (Question 17d).

Two-thirds of consumers indicated that they were able to schedule multiple appointments at the agency on the same day (Question 19).

3. Patient Education

Nearly all (92%) of responding consumers indicated that providers explained the side effects of HIV medications in a way they could understand (Question 22) and 70% indicated that providers explained the type and frequency of medical tests they should be receiving.

Question 16. Is there someone at this agency who helps remind you attend your medical appointments or to take your medications?

Response	#/%
Yes	23 (68%)
No	8 (24%)
Not Sure	—
I don't need assistance with this.	2 (6%)
Missing/Not answered by consumer	1 (3%)
Total	34 (100%)

Question 16b. If Yes (to Question 16), who is this person?

Response	#/%
Case Manager	13
Nurse	12
Doctor	7
Peer counselor	2
Therapist or counselor	2
Substance Abuse counselor	1
Not sure	—
No one helps me in this way.	—
Missing/not answered by consumer	—
Total	37

Note: Multiple responses provided.

Question 17. Many agencies develop a treatment plan for their consumers. This written plan lists the services that consumers will receive and the goals and purpose of their services. Do you have a treatment plan that you developed with your case manager, nurse, counselor or other provider?

Response	#/%
Yes	15 (44%)
No	14 (41%)
Not Sure	—
I don't know what a treatment plan is.	2 (6%)
Missing/Not answered by consumer	3 (9%)
Total	34 (100%)

Question 17b. If Yes (to Question 17), did you sign your treatment plan?

Response	#/%
Yes	11
No	3
I don't remember.	4
I don't have a plan.	—
I don't know what a treatment plan is.	2
Missing/Not answered by consumer	14
Total	34

Question 17b.c If Yes (to Question 17), did you review your treatment plan every three months and make changes to it if you needed to?

Response	#/%
Yes	10
No	2
I don't remember.	5
I don't have a plan.	1
I don't know what a treatment plan is.	1
Missing/Not answered by consumer	15
Total	34

Question 17d. If Yes (to Question 17), Have you ever attended a meeting at this agency where your providers (i.e., case manager, nurse, doctor, counselor) met with you to talk about your care and your treatment plan?

Response	#/%
Yes	13
No	4
I don't remember.	1
I don't have a plan.	—
I don't know what a treatment plan is.	1
Missing/Not answered by consumer	15
Total	34

Question 18. How do the people here help you remember to take your HIV medications? (Check all that apply).

Response	#
They talk to me when I am at the clinic about taking them.	16
Other	8
They gave me a pill box.	7
They gave me some educational materials to help me remember.	6
They wrote out a schedule for me.	2
They call to remind me.	1
They gave me a watch with an alarm.	1
They page to remind me.	0
They don't do anything to help me remember.	0
I don't take medications for my HIV disease.	0
Total	41

Note: Multiple responses provided.

Other responses include: “I remember myself”, “a special answering service calls”, “home visit”, “medications are given twice a day”.

Question 19. If you had to make appointments to see more than one provider, were you able to schedule all of them on the same day?

Response	#/%
Yes	22 (65%)
No	6 (18%)
I don't remember.	3 (9%)
Does not apply	1 (3%)
Missing/Not answered by consumer	2 (6%)
Total	34 (100%)

Question 20. Have you missed any primary medical care appointments in the last 3 months?

Response	#/%
Yes	12 (35%)
No	19 (56%)
I haven't had an appointment in the last 3 months.	—
Missing/Not answered by consumer	3 (9%)
Total	34 (100%)

Question 20b. If yes (to Question 20), when you missed these appointments, what happened?

Response	#
I call to reschedule when I remember.	8
I get a letter from the clinic.	6
Someone from the clinic calls me.	4
I haven't missed any appointments.	1
Someone from the clinic pages me.	1
Nothing happens.	1
Someone from the clinic comes to see me.	0
Total	21

Multiple responses provided.

Question 21. In the last month, how many times have you forgotten to take your HIV medications?

Response	#/%
I'm not taking HIV medications.	4 (12%)
Never	13 (38%)
One time	5 (15%)
Two times	4 (12%)
Three times	1 (3%)
More than 3 times	2 (6%)
Missing/Not answered by consumer	5 (15%)
Total	34 (100%)

Question 22. Did your providers explain the side effects of your HIV medications in a way you could understand?

Response	#/%
Yes	23 (68%)
No	2 (6%)
I'm not sure	—
Does not apply	3 (9%)
Missing/not completed by consumer	6 (18%)
Total	34 (100%)

Question 23. Did your providers tell you ways to help you remember to take your HIV medications?

Response	#/%
Yes	18 (53%)
No	3 (9%)
I'm not sure	3 (9%)
Does not apply	5 (15%)
Missing/not completed by consumer	5 (15%)
Total	34 (100%)

Question 24. Did your providers explain to you what kinds of medical tests you should be getting and how often you should get them?

Response	#/%
Yes	23 (68%)
No	4 (12%)
I'm not sure	6 (18%)
Missing/not completed by consumer	1 (3%)
Total	34 (100%)

Question 25. Each time you come for a medical appointment or case management visit, do your providers ask you whether you've remembered to take your HIV medications?
Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.82 of 5.0
n=	22

26b. This program helped me understand the importance of taking my HIV medications and coming to my medical appointments.

Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.7 of 4.0
n=	30

26c. This program helped me to take my HIV medications.
Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.32 of 4.0
N=	28

26e. My care manager, medical care providers and my mental health and/or substance abuse counselors worked together to help me.
Scale: 1= "Strongly disagree"; 4= "Strongly agree"

Response	
Mean	3.6 of 4.0
N=	33

28. How often do your providers tell you how important it is to keep your appointments?
Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.53 of 5.0
N=	34

D. Substance Abuse Treatment Services

Substance Abuse Treatment services provide evidence-based therapeutics to persons with a diagnosed drug or alcohol addiction. The consumer survey questions are grouped into four areas: 1) access to substance abuse treatment services; 2) treatment planning and care coordination; 3) patient education; and 4) effectiveness and quality of services.

1. Access to substance abuse treatment services

Two-thirds of consumers (62%) indicated that they were able to begin Substance Abuse Treatment services within a week (Question 17). Most of the consumers indicated receiving group counseling (58%), individual counseling (53%) and/or methadone maintenance (47%). A smaller number of consumers indicated receiving detox (31%), 12 step program (19%) and/or day program (13%). [Note: Consumers indicated receiving more than one type of treatment services.]

2. Treatment planning and care coordination

The Substance Abuse Standards of Care specify that consumers have a care plan developed with input from the consumer following an initial evaluation and that it be reevaluated every quarter [SA Standards 1.1.g and 1.2.g]. Two-thirds (65%) of consumers indicated having a substance abuse treatment plan (Question 19). Of those who indicated having a plan, nearly all (95%) indicated that they had participated in developing their substance abuse treatment plan (Question 19b), 86% indicated that they signed their substance abuse treatment plan, and 70% indicated that they reviewed their substance abuse treatment plan every three months and made changes to it if needed (Question 19d).

Consumers indicated that their substance abuse counselors, case manager and HIV medical providers worked together “most times”, a mean of 4.11 on a 5-point scale (Question 22).

3. Patient education

The Standards of Care specify that substance abuse providers provide monitoring and medication teaching for patients [SA Standard 1.2.d]. Two-thirds of responding consumers (69%) indicated that their providers explained how their substance abuse treatment and HIV medications might interact (Question 20).

4. Effectiveness and quality of services

The surveyed consumers generally gave high marks to the effectiveness of the Substance Abuse Treatment services they received. Consumers agreed with the statements: that the program “helped me reduce my drug use”, a mean of 3.58 on a 4-point scale (Question 23b); that the counselors “helped me to achieve my substance abuse treatment plan goals”, a mean of 3.46 on a 4-point scale (Question 23c); and the “my substance abuse counselors understood where I was with my recovery and helped me to reduce or eliminate my drug use, a mean of 3.49 on a 4-point scale (Question 23d). Nearly all responding consumers (88%) indicated that their providers knew about both substance abuse and HIV.

Question 17. How long did it take you to get substance abuse treatment services at this agency?

Response	#/%
1 day	10 (16%)
A few days	14 (23%)
About a week	14 (23%)
A few weeks	10 (16%)
1 month	5 (8%)
Longer than a month	3 (5%)
I don't remember	5 (8%)
Does not apply	—
Missing/not answered by consumer	1 (2%)
Total	62 (100)

Question 18. What substance abuse treatment have you received from this agency in the past year?

Response	#/% of consumers
Group counseling	36 (58%)
Individual counseling	32 (53%)
Methadone maintenance	29 (47%)
12 step program/groups	12 (19%)
3 day detox	9 (15%)
Day program	8 (13%)
28 day detox	7 (11%)
7 day detox	3 (5%)
After care	1 (2%)
Missing/Not answered by consumer	—
Total	137

Note: Multiple responses provided.

Question 19. Many agencies develop a substance abuse treatment plan for their consumers. This written plan lists the services that consumers will receive and the goals and purpose of their services. Do you have a substance abuse treatment plan at this agency?

Response	#/%
Yes	40 (65%)
No	14 (23%)
Not Sure	4 (6%)
I don't know what a substance abuse treatment plan is	—
Missing/Not answered by consumer	4 (6%)
Total	62 (100%)

Question 19b. If Yes (to 19), did you participate in developing your substance abuse treatment plan?

Response	#/%
Yes	40 (65%)
No	2 (3%)
I don't remember.	—
I don't have a plan.	1 (2%)
I don't know what a substance abuse treatment plan is.	—
Missing/Not answered by consumer	19 (30%)
Total	62 (100%)

Question 19c. If Yes (to 19), did you sign your substance abuse treatment plan?

Response	#/%
Yes	37 (60%)
No	5 (8%)
I don't remember.	1 (2%)
I don't have a plan.	—
I don't know what a substance abuse treatment plan is.	—
Missing/Not answered by consumer	19 (30%)
Total	62 (100%)

Question 19d. If Yes (to 19), did you review your substance abuse treatment plan every three months and make changes to it if you needed to?

Response	#/%
Yes	29 (47%)
No	10 (16%)
I don't remember.	2 (3%)
I don't have a plan.	—
I don't know what a substance abuse treatment plan is.	—
Missing/Not answered by consumer	21 (34%)
Total	62 (100%)

Question 20. Did your providers explain how your substance abuse treatment (for example, methadone) and your HIV medications might interact?

Response	#/%
Yes	33 (53%)
No	15 (24%)
I'm not sure	5 (8%)
Does not apply.	7 (11%)
Missing/Not answered by consumer	2 (3%)
Total	62 (100%)

Question 21. Do you think that your providers know about both substance use and HIV?

Response	#/%
Yes	53 (86%)
No	1 (2%)
I'm not sure	6 (10%)
Does not apply.	1 (2%)
Missing/Not answered by consumer	1 (2%)
Total	62 (100%)

Question 22. Did your substance abuse treatment counselors, case manager, and HIV medical providers work together to help you?

Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.11 of 5
N=	55

Question 23b. This program help me reduce my drug use.

Scale: 1="Strongly disagree"; 4="Strongly agree"

Response	
Mean	3.58 of 4
N=	59

Question 23c. My substance abuse counselors helped me to achieve my substance abuse treatment plan goals.

Scale: 1="Strongly disagree"; 4="Strongly agree"

Response	
Mean	3.46 of 4
N=	59

Question 23d. My substance abuse counselors understood where I was with my recovery and helped me to reduce or eliminate my drug use.

Scale: 1="Strongly disagree"; 4="Strongly agree"

Response	
Mean	3.49 of 4
N=	59

E. Mental Health Services: Adult

Mental Health Services to Adults provide evidence-based therapeutics to persons with a mental illness. The consumer survey questions are grouped into three areas: 1) access to mental health treatment services; 2) treatment planning and care coordination; and 3) patient education.

1. Access to mental health treatment services

Nearly three-quarters of consumers (70%) indicated that they were able to begin mental health services within a week and 28% indicated taking only one day to access services (Question 17). Almost all of the consumers (91%) indicated receiving individual counseling (91%), with slightly more than one-third (28%) receiving group counseling (Question 18). A smaller number of consumers indicated a day treatment program (15%) or other services (4%). [Note: Consumers indicated receiving more than one type of treatment services.]

Consumers indicated that they were generally able to obtain an appointment when they needed one, a mean of 3.49 on a 4-point scale (Question 21).

2. Treatment planning and care coordination

The Mental Health Standards of Care specify that consumers have a treatment plan developed following an assessment of barriers to adherence, that this plan be signed by the consumer, and that it be reevaluated every quarter [MH Standards 1.1.f and 1.2.g]. Nearly one-half of responding consumers (48%) indicated having a mental health treatment plan (Question 19). Of those who indicated having a plan, 86% indicated that they participated in the development of their mental health treatment plan (Question 19b), 54% indicated that they signed their mental health treatment plan, and 68% indicated that they reviewed their mental health treatment plan every three months and made changes to it if needed (Question 19d).

Consumers indicated that their mental health and HIV medical providers worked together “most times”, a mean of 4.15 on a 5-point scale (Question 21).

3. Patient education

The Mental Health Standards of Care specify that mental health providers provide monitoring and medication teaching for patients [MH Standard 1.2.e]. While 79% of responding consumers indicated that they received an explanation of how their psychiatric medications and HIV medications might interact (Question 20), consumers also indicated that they needed some more information “about the purpose of [their] psychiatric medications and their side effects, a mean of 2.48 on a 4-point scale (Question 22d).

Question 17. How long did it take you to get mental health services at this agency?

Response	#/%
1 day	15 (28%)
A few days	12 (23%)
About a week	10 (19%)
A few weeks	4 (8%)
1 month	5 (9%)
Longer than a month	6 (11%)
I don't remember	—
Does not apply	1 (2%)
Missing/not answered by consumer	2 (4%)
Total	53 (100%)

Question 18. What mental health services have you received from this agency in the past year?

Response	#/%
Individual counseling	48 (91% of consumers)
Group counseling	20 (38%)
Day program	8 (15%)
Other	2 (4%)
Missing/Not answered by consumer	—
Total	78 responses

Note: Multiple responses provided.

Question 19. Many agencies develop a mental health treatment plan for their consumers. This written plan lists the services that consumers will receive and the goals and purpose of their services. Do you have a mental health treatment plan?

Response	#/%
Yes	24 (45%)
No	17 (32%)
Not Sure	6 (11%)
I don't know what a mental health treatment plan is	3 (6%)
Missing/Not answered by consumer	3 (6%)
Total	53 (100%)

Question 19b. If Yes (to Question 19), did you participate in developing your treatment plan?

Response	#/%
Yes	25 (47%)
No	2 (4%)
I don't remember.	—
I don't have a plan.	—
I don't know what a mental health treatment plan is.	2 (4%)
Missing/Not answered by consumer	24 (45%)
Total	53 (100%)

Question 19c. If Yes (to Question 19), did you sign your treatment plan?

Response	#/%
Yes	15 (28%)
No	9 (17%)
I don't remember.	4 (8%)
I don't have a plan.	—
I don't know what a mental health treatment plan is.	—
Missing/Not answered by consumer	25 (47%)
Total	53 (100%)

Question 19.d. If Yes (to Question 19), did you review your treatment plan every three months and make changes to it if you needed to?

Response	#/%
Yes	17 (32%)
No	9 (17%)
I don't remember.	2 (4%)
I don't have a plan.	—
I don't know what a treatment plan is.	—
Missing/Not answered by consumer	25 (47%)
Total	53 (100%)

Question 20. Did your providers explain how your psychiatric medications and your HIV medications might interact?

Response	#/%
Yes	33 (62%)
No	7 (13%)
I'm not sure	2 (4%)
Does not apply.	10 (19%)
Missing/Not answered by consumer	1 (2%)
Total	53 (100%)

Question 21. Did your mental health providers and HIV medical providers work together to help you?
Scale: 1="Never"; 5="All of the time"

Response	
Mean	4.15 of 5
N=	46

Question 22c. When I needed an appointment, I could see my mental health providers soon enough for my needs.
Scale: 1="Strongly disagree"; 4="Strongly agree"

Response	
Mean	3.49 of 4
N=	49

Question 22d. I need more information about the purpose of my psychiatric medications and their side effects.
Scale: 1="Strongly disagree"; 4="Strongly agree"

Response	
Mean	2.48 of 4
N=	49

F. Cross-service category consumer survey responses

This section includes those questions which were common across the surveyed service categories. Questions in this section are sequentially numbered and *do not* correspond to the question number in the surveys. These consumer survey questions are grouped into four areas: 1) access to the agency; 2) confidentiality; 3) consumer education and support; and 4) quality and assessment of services.

1. Access to the agency

A majority of consumers (60%) indicated that in the previous six months they had called the agency to make an appointment or to speak with someone about their care. Mental health consumers were the most likely to contact the agency (72%) and substance abuse consumers the least likely (49%) (Question 1). As a follow-up question, 68% of the consumers' responses indicated that they got the "help they needed" when they contacted the agency. Client Advocacy consumers indicated the highest rate of assistance (69%), and Mental Health consumers, the lowest (56%). Seven percent (7%) of the responses indicated that they "were put on hold too long" (Question 2).

Consumers indicated that they could reach someone during off hours (defined as evenings or weekends) nearly "most times", mean of 3.67 on a 5-point scale (Question 3). Substance Abuse consumers indicated the highest rate of reaching someone during off hours, and Co-morbidity consumers, the lowest rate. One-third (34%) of consumers indicated that they had never called during off hours [Question 3].

For those consumers who needed care during off hours and were not able to reach someone at the agency, a large proportion of consumers (47% of responses) reported going to the emergency room to seek care. Some consumers indicated that they waited until the agency was open to contact someone (Question 3 & Figure 3).

Question 1. In the last six months, did you ever call this agency to make an appointment or to speak with someone about your care?

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Yes	13 (59%)	35 (60%)	22 (65%)	38 (72%)	30 (49%)	138 (60%)
No	9 (41%)	19 (33%)	10 (30%)	11 (21%)	29 (47%)	78 (34%)
Missing	—	4 (7%)	2 (6%)	4 (8%)	3 (5%)	13 (6%)
Total	21 (100%)	58 (100%)	34 (100%)	53 (100%)	62 (100%)	229 (100%)

Question 2. If your answer was Yes [to Question 1], when you called, did any of the following happen? (Please check all that apply.)

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
You got the help you needed.	11 (65%)	36 (75%)	18 (69%)	34 (56%)	30 (77%)	129 (68%)
You got a busy signal.	1 (6%)	1 (2%)	1 (4%)	1 (2%)	1 (3%)	15 (3%)
You were put on hold too long.	—	2 (4%)	3 (12%)	6 (10%)	2 (5%)	13 (7%)
You were disconnected.	1 (6%)	—	—	4 (6%)	1 (3%)	6 (3%)
You left a message and no one called you back.	1 (6%)	2 (4%)	2 (8%)	2 (4%)	1 (3%)	8 (4%)
The phone rang many times before it was answered.	—	1 (2%)	—	4 (6%)	—	5 (3%)
The person who answered the phone was unfriendly.	—	2 (4%)	—	1 (2%)	1 (3%)	4 (2%)
You talked to several different people before talking with the right person.	1 (6%)	—	1 (4%)	6 (10%)	1 (3%)	9 (5%)

You don't like to call, because a machine always answers.	—	1 (2%)	1 (4%)	3 (5%)	—	5 (3%)
Other	2 (12%)	3 (5%)	—	—	2 (5%)	7 (4%)
Total (% of column)	17 (100%)	48 (100%)	26 (100%)	61 (100%)	39 (100%)	191 (100%)

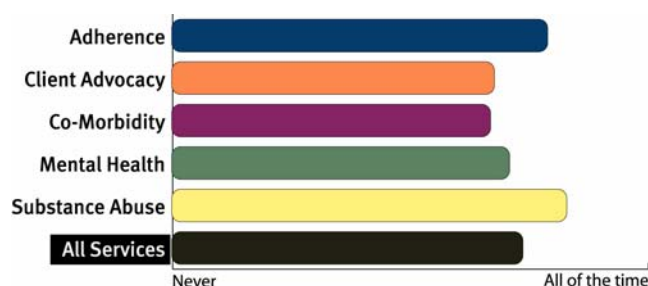
Note: Multiple responses provided.

Question 3. If you needed care during off hours (evenings or weekends), could you reach someone at this agency who could help you?

Scale: 1="Never"; 5="All of the time"

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	3.93 of 5.0	3.37 of 5.0	3.33 of 5.0	3.53 of 5.0	4.13 of 5.0	3.67 of 5.0
n	15	35	18	38	39	145
Have never called during off hours	7 (32%)	23 (40%)	15 (44%)	15 (28%)	19 (31%)	79 (34%)
Total	22	58	34	53	62	229

Figure 3. Ability to contact agency during off hours



Question 4. If you needed care during the off hours (evenings or weekends), and you could not reach someone at this agency who could help you, what did you do?

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
I didn't need care at the off hours.	4 (17%)	8 (14%)	8 (23%)	9 (18%)	15 (25%)	44 (19%)
Does not apply. I was able to reach someone during off hours.	5 (20%)	4 (7%)	1 (3%)	3 (6%)	9 (15%)	22 (10%)
I waited until the next day when the agency was open and then called.	3 (13%)	5 (9%)	3 (9%)	9 (18%)	13 (22%)	33 (14%)
I went to an emergency room.	11 (46%)	33 (57%)	21 (60%)	24 (47%)	19 (32%)	108 (47%)
I didn't do anything. I was feeling better the next day and didn't need to call.	—	3 (5%)	1 (3%)	1 (2%)	2 (3%)	7 (3%)
Other	1 (4%)	5 (5%)	1 (3%)	5 (4%)	2 (3%)	14 (6%)
Total (% of column)	24 (100%)	58 (100%)	35 (100%)	51 (100%)	60 (100%)	228 (100%)

Note: Multiple responses provided.

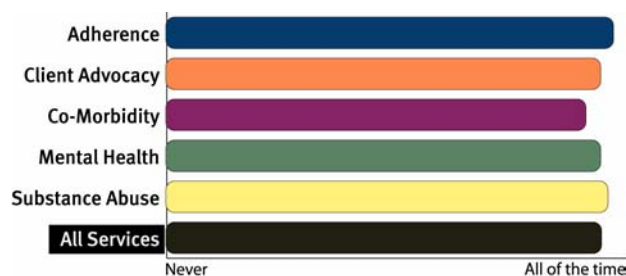
2. Confidentiality

Consumers indicated that agencies “almost always” maintained confidentiality, a mean of 4.73 on a 5-point scale (Question 5 & Figure 4).

Question 5. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	4.86 of 5.0	4.72 of 5.0	4.56 of 5.0	4.72 of 5.0	4.80 of 5.0	4.73 of 5.0
n	22	57	34	53	59	225

Figure 4. Agency maintenance of consumer confidentiality



3. Consumer education and support

Consumers indicated that their providers “almost always” educated them about the importance of keeping their appointments, a mean of 4.54 on a 5-point scale. Adherence consumers indicated the lowest frequency of education regarding appointments this education occurred “most times”, a mean of 4.09 on a 5-point scale; and Substance Abuse consumers indicated the highest frequency, a mean of 4.76 (Question 6 & Figure 5).

Consumers indicated that their providers “most times” educated them about prevention and risk-reduction, a mean of 4.17 on a 5-point scale. Client Advocacy consumers indicated the lowest frequency, 3.94 on a 5-point scale; and Mental Health consumers indicated the highest frequency, a mean of 4.3 (Question 7 & Figure 6).

Question 6. How often do your providers tell you how important it is to keep your appointments?

Scale: 1=“Never”; 5=“All of the time”

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	4.09 of 5.0	4.31 of 5.0	4.53 of 5.0	4.75 of 5.0	4.76 of 5.0	4.54 of 5.0
n	22	58	34	52	58	224

Question 7. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

Scale: 1=“Never”; 5=“All of the time”

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	4.09 of 5.0	3.94 of 5.0	4.21 of 5.0	4.30 of 5.0	4.25 of 5.0	4.17 of 5.0
n	22	50	34	53	59	218

Figure 5. Consumer education: Appointment adherence

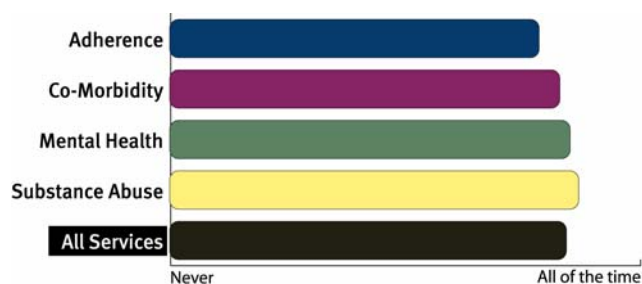
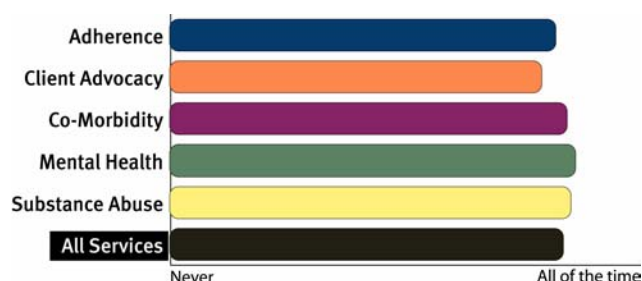


Figure 6. Consumer education: Prevention



Consumers indicated that their providers “most times” asked about their life situation and made appropriate referrals, a mean of 4.20 on a 5-point scale. Adherence consumers indicated the lowest frequency, a mean of 3.91; and Substance Abuse consumers indicated the highest frequency, a mean of 4.33 (Question 8).

Consumers indicated that their providers involved their friends and family in their care to the degree that they wanted, a mean of 3.16 on a 4-point scale. Client Advocacy consumers indicated the lowest level of involvement, a mean of 2.88; and Co-morbidity consumers indicated the highest level, a mean of 3.58 (Question 9).

Consumers indicated that they almost “never” felt left out of treatment decisions, a mean of 4.56 on a 5-point scale. Adherence consumers indicated the lowest level of inclusion, a mean of 4.23; and Client Advocacy consumers indicated the highest level of inclusion, a mean of 4.82 (Question 10; Figure 7).

Question 8. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

Scale: 1=“Never”; 5=“All of the time”

	Adherence	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	3.91 of 5.0	4.13 of 5.0	4.24 of 5.0	4.33 of 5.0	4.20 of 5.0
n	22	31	49	55	157

Question 9. My care team involved my family and friends in my care as much as I wanted to.

Scale: 1=“Strongly disagree”; 4=“Strongly agree”

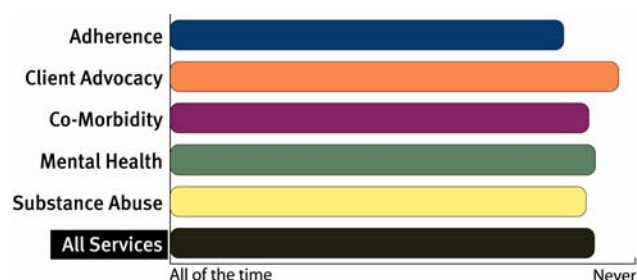
	Adherence	Client Advocacy	Co-morbidity	Mental Health	Total
Mean	3.22 of 4.0	2.88 of 4.0	3.58 of 4.0	3.16 of 4.0	3.16 of 4.0
n	18	42	26	44	130

Question 10. Do you feel “left out” of the decisions made about your treatment?

Scale: 1=“All of the time”; 5=“Never”

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	4.23 of 5.0	4.82 of 5.0	4.50 of 5.0	4.57 of 5.0	4.47 of 5.0	4.56 of 5.0
n	22	57	34	53	59	225

Figure 7. Inclusion in treatment decisions



4. Quality and assessment of services

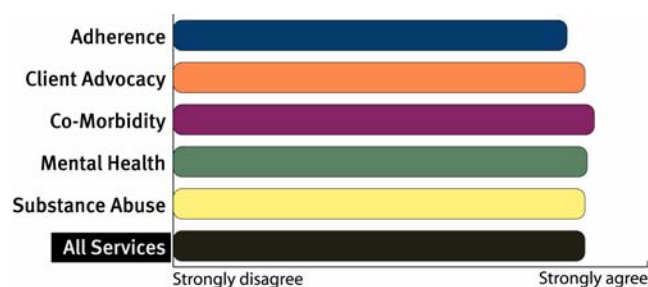
Consumers indicated a high level of agreement with the statement that their “life ran more smoothly because of the help I received”, a mean of 3.47 on a 4-point scale. Adherence consumers indicated the lowest level of agreement, a mean of 3.32; and Co-morbidity consumers indicated the highest level, a mean of 3.55 (Question 11; Figure 8).

Question 11. Overall, my life ran more smoothly because of the help I received.

Scale: 1=“Strongly disagree”; 4=“Strongly agree”

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	3.32 of 4.0	3.47 of 4.0	3.55 of 4.0	3.49 of 4.0	3.47 of 4.0	3.47 of 4.0
n	22	57	33	53	60	225

Figure 8. Improved quality of life



Consumers were asked to choose from a list of descriptive adjectives which they associated with the quality of service (Column A), their interaction with staff (Column B), and the attitude of the agency (Column C). Nearly two-thirds of consumers (63%) indicated that the services were “excellent”; few consumers indicated that the services were “poor” or “terrible”. An almost equal proportion of consumers indicated that staff were either “personal” or “caring”, 38% and 39%, respectively. Few indicated that staff were either “rushed” or “unfriendly”. Most consumers (71%) indicated that the agency attitude was “respectful”; “few consumers indicated that the attitude was either “humiliating” or “scary” (Question 12).

Question 12. When you think about your care at this agency, what words come to mind. For each column of words, please select one word.

Column A

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Excellent	13 (59%)	38 (66%)	21 (66%)	29 (59%)	36 (61%)	137 (63%)
Adequate	5 (23%)	13 (23%)	10 (31%)	11 (22%)	18 (31%)	57 (26%)
OK	1 (5%)	5 (9%)	1 (3%)	8 (16%)	4 (7%)	19 (9%)
Poor	1 (5%)	1 (2%)	—	—	—	2 (<1%)
Terrible	2 (9%)	—	—	1 (2%)	1 (2%)	4 (2%)
Total	22 (100%)	57 (100%)	32 (100%)	49 (100%)	59 (100%)	219 (100%)

Column B

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Personal	8 (38%)	21 (37%)	11 (35%)	18 (38%)	21 (39%)	79 (38%)
Caring	5 (24%)	23 (41%)	11 (35%)	15 (32%)	28 (52%)	82 (39%)
Friendly	6 (28%)	10 (18%)	9 (30%)	13 (28%)	4 (7%)	42 (20%)
Rushed	1 (5%)	1 (2%)	—	1 (2%)	—	3 (1%)
Unfriendly	—	—	—	—	1 (2%)	1 (<1%)
Impersonal	1 (5%)	1 (2%)	—	—	—	2 (<1%)
Total	21 (100%)	56 (100%)	31 (100%)	47 (100%)	54 (100%)	209 (100%)

Column C

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Dignified	7 (33%)	18 (33%)	8 (26%)	8 (18%)	12 (22%)	53 (26%)
Respectful	12 (57%)	34 (63%)	23 (74%)	37 (82%)	40 (74%)	146 (71%)
Humiliating	1 (5%)	—	—	—	1 (2%)	2 (<1%)
Scary	1 (5%)	2 (4%)	—	—	1 (2%)	4 (2%)
Total	21 (100%)	54 (100%)	31 (100%)	45 (100%)	54 (100%)	205 (100%)

Consumers were asked to compare the quality of service they received at the agency with the quality of the same service they received from another agency. Consumers indicated that the services were slightly more than “better”, a mean of 4.44 on a 5-point scale. Adherence consumers indicated the lowest rate of comparison, a mean of 4.0; and Co-morbidity consumers indicated the highest rate of comparison, a mean of 4.85. Seventeen percent (17%) of consumers indicated that they had not received the same service from another agency and did not rate the service they received (Question 13 & Figure 9).

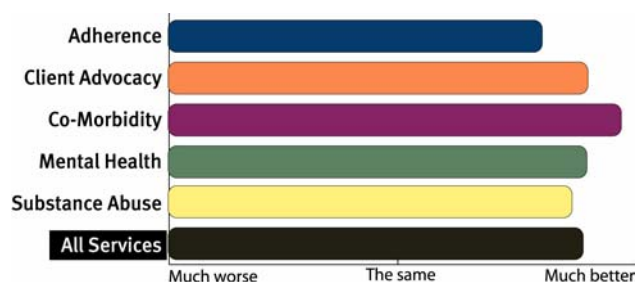
Consumers indicated that we would definitely recommend the agency to friends with similar needs, 86% of responding consumers. Few consumers indicated that they would not recommend the service. Substance Abuse consumers indicated the lowest level of recommendation and Mental Health consumers the highest (Question 14).

Question 13. How would you rate the quality of service you receive at this agency in comparison to other services you receive at other agencies?

Scale: 1="Much worse"; 5="Much better"

	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Mean	4.0 of 5.0	4.49 of 5.0	4.85 of 5.0	4.48 of 5.0	4.32 of 5.0	4.44 of 5.0
n	19	37	26	40	47	169

Figure 9. Rating of quality by service category



Question 14. Would recommend this agency to friends with similar needs?

Response	Adherence	Client Advocacy	Co-morbidity	Mental Health	Substance Abuse	Total
Definitely yes	19 (86%)	49 (86%)	30 (88%)	48 (92%)	48 (80%)	194 (86%)
Maybe	2 (9%)	4 (7%)	2 (6%)	4 (8%)	11 (18%)	23 (10%)
Definitely no	1 (5%)	—	—	—	1 (2%)	2 (<1%)
Not sure	—	4 (7%)	2 (6%)	—	—	6 (3%)
Total	22 (100%)	57 (100%)	34 (100%)	52 (100%)	60 (100%)	225 (100%)

Section 4. Discussion

This section provides a brief discussion on some of the main results from the consumer surveys by topic area. When applicable, this discussion will compare and contrast the consumer survey responses with the findings from the client chart review and agency surveys.

Quality and effectiveness of services

Overall, surveyed consumers rated their services highly—with 63% rating their services “excellent”. Other frequently chosen descriptors included “personal”, “caring”, and “dignified”. Consumers indicated that these services were “better” and “much better” than similar services received from other agencies and that 86% of consumers would “definitely” recommend these services to a friend with similar needs. Substance Abuse consumers indicated that the program did help them reduce their drug use and that their counselors “helped me to achieve my substance abuse treatment plan goals.”

Access to services and providers

Mental Health and Substance Abuse consumers indicated a timely receipt of services, with a large proportion accessing services within a week. Client Advocacy consumers indicated that their frequency of contact with their client advocate was satisfactory. Slightly more than two-thirds (68%) of surveyed consumers indicated that when they called the agency for assistance, they received the help they needed (with Client Advocacy consumers reporting the highest proportion of success, 75%, and Mental Health consumers the lowest, 56%.) Those consumers who did not receive the assistance they sought, indicated that they had to speak with several people before getting to the right person, that they were put on hold, or that they left a message that was not returned.

Many consumers reported difficulty in accessing assistance during off hours, which led to a large proportion of consumers going to the emergency room for assistance. Co-morbidity consumers reported the highest rate of seeking this emergency care and substance abuse consumers the lowest.

Many of the written comments of consumers addressed issues of access to services and providers. Consumers indicated that additional staff is needed; that wait times need to be decreased; that staff need to be more consistent with less turnover; and that there needs to be greater access by telephone and that calls be returned. Transportation and attitude of staff were also cited as areas in need of improvement.

Confidentiality

Consumers reported a very high rate of maintenance of confidentiality. One consumer noted that the environment of the clinic setting was not conducive to maintenance of confidentiality.

Treatment planning

Consumers indicated having participated in the development of a care or treatment plan as part of their service provision and participated in the routine review of these plans. Adherence consumers indicated the highest proportion having a plan (68%) and Client Advocacy consumers, the lowest (40%). Of those with a plan, more than a majority of each service category indicated having signed their plan (high of 95% and low of 55%) and more than a majority indicated reviewing the plan on a quarterly basis.

The consumer experience is in sharp contrast with the findings of the client chart review. For example, only 11% of Adherence consumers had an adherence intervention plan developed.

Adherence support

Many of the reviewed services provide some aspect of adherence support to consumers. Case Management Adherence services, and to a lesser degree Primary Care: Co-morbidity services, are specifically designed to help consumers adhere with appointments and to treatment regimens by identifying and addressing barriers. Both Adherence and Co-morbidity consumers indicated that they received adherence support and could identify specific methods of support. However, Adherence consumers reported the lowest levels of provider assessment, education and support when compared to the other service categories. Adherence consumers reported the lowest levels of involvement in treatment decisions and assessment of “life situations”—both of these may affect a patient’s ability to adhere to treatment. This is consistent with the client chart review which found a low degree of routine assessment by Adherence by service providers. Adherence consumers also reported higher rates of missed appointments and medication doses than Co-morbidity consumers.

Patient education

Almost all of the Standards of Care have a component for patient education. Consumers indicated receiving a high degree of education around side effects, types of medical tests consumers should be receiving, ability to understand providers’ explanations and interactions of HIV medications with their substance abuse and/or mental health treatment. There were lower rates of patient education around risk reduction and appointment-keeping. This is also in contrast with the findings of the client chart review, which found low rates of documentation of patient education in the areas of risk reduction and medication teaching.

Approximately one-third of surveyed consumers indicated that they did not remember their recent CD4 counts and/or recent viral load. Few indicated not knowing what these tests measured. Adherence consumers had the lowest proportion of surveyed consumers who could report their recent laboratory results.

Section 5. Appendices

- ✦ Appendix A: Consumer written comments on suggested changes
- ✦ Appendix B: Consumer survey instruments

Appendix A: Consumer comments on suggested changes

The last question of each of the consumer surveys asked: “What would you change to make this program better for yourself and other clients?” Many clients indicated that “no changes” were necessary. Below are the written responses of the consumers who indicated a specific change.

Case Management Adherence

- a. More doctors on staff. Better about returning calls.
- b. Personal attention per client could be increased. Wait time is too long.
- c. Just leave it alone.
- d. I would add a nutritionist to the staff.
- e. Cure me.
- f. More/better communication with case manager. Would want the case manager to ask more about other parts of our lives.
- g. Insurance issues are confusing. Hard to keep track of what insurance I have and what it covers, and when it is working.
- h. Just let people be themselves. Just for the services to be there if they need help.
- i. Shorten waiting time.
- j. Transportation. Doctors and case managers staying the same. More help with housing and food. Job search help. More feedback to doctor on helping them to help the patients.
- k. None. It don't get no better.
- l. Give the client positions to help them get on their feet.
- m. I would change the time frame for medications. Like instead of closing at 5:45, I would close the methadone window at 9:00 because I think that's a real good time.

Client Advocacy

- a. Better token service. Kids and parents support group.
- b. The only thing would be the waiting period to be seen can sometimes be a little too long.
- c. Social work walk in hours need to be more accessible.
- d. More client advocates, doctors, case managers, etc.
- e. More available and affordable housing.
- f. The wait time is too lengthy. (3 similar responses.)
- g. More drug treatment slots. More job training.
- h. To offer PLWHA employment opportunities.
- i. The clinic is too exposed and [not as] confidential as it should be.
- j. Make more funding available to provide more services.
- k. Get a new client advocate.
- l. Location.
- m. The client advocate is not too friendly and acts as if she is doing you a favor. The rest of the staff is real friendly.
- n. Nothing except more transportation.
- o. More space.
- p. I would make this program better by providing transportation to the clients that need it.
- q. Longer group sessions, more trip planning, more little trips.

Primary Care: Co-morbidity

- a. Make the clinic larger.
- b. Offer lunch.
- c. Try to encourage other clients to access all the available services.
- d. Establish more specialty programs.
- e. Home visits.
- f. Better coffee.
- g. I would suggest more money so they can do more.
- h. There could be more HIV educated health professionals. I believe my primary care providers have to stretch themselves too thin.

- i. Expand it throughout the state.
- j. Would like to have a quiet place to sit (without the tape that plays constantly reminding you about your status, and that there is no cure; they also show a comedy tape that is a little vulgar).
- k. Offer more opportunities in the waiting room; improvement in the waiting room wait.
- l. I think the people who work at the front desk need to be a little more friendly. The front desk is the front line and if these people do not receive us well it's not going to be a good visit.
- m. A few more counselors.
- n. Really nothing. But different things to ask the patient what they want to do.

Mental Health

- a. Better token rules; kids and parent support groups.
- b. Hiring practice to include additional psychiatrists, therapists (full time), connection to support groups outside of the agency.
- c. The wait time for the initial appointment is too lengthy.
- d. I would allow clients to express what is really bothering them.
- e. Needs more access to medical providers via telephone.
- f. To have someone who could help the transgendered population to obtain medical and mental health care.
- g. Too much red tape. The process for application approval is too long.
- h. A water fountain with purified water.
- i. To change the qualifications of SSI.
- j. Keep doctors on staff for longer periods.
- k. Add doctors that specifically work with HIV/AIDS so that I won't be referred out to another hospital.
- l. More money so they can help us more to get the services we need.
- m. Try to provide help to the agency.

Substance Abuse

- a. Longer detox care.
- b. Have new topics pertaining to our addiction and HIV rap sessions among peers who have difficulty speaking with counselors.
- c. I think a patient board should be established so that patients could have more input in the overall treatment program.
- d. More funding for after care if possible for those who are without funds.
- e. I have a little relaxation time to relieve stress.
- f. Remove pay phones; arrange an on-site pharmacy.
- g. Change the staff. They only care about money. Not people. Everything is about business.
- h. Have the doctor here more often for emergencies. Try to get the clients jobs when they leave the program.
- i. I would change the rule about children in groups because our kids are a part of our recovery.
- j. Make it easier to get into.
- k. Make more slots open for everybody who needs help.
- l. Eye doctors.
- m. Less waiting for the doctors.
- n. I would have more information and addresses for people to take care of their needs. A network for housing, funds and health care in their area or zip code.
- o. Try to get as many drug users off the streets.
- p. I would ask the counselor and staff to treat clients more like people instead of addicts or nobody off the streets.
- q. If I could make this program better I would start a rewarding ceremony for clients to receive certificates for having clean time, perfect attendance, or some other subject on any one's agenda to receive an award for because it does something for your heart when people know that you're trying your best and would like to be recognized for all our hard work and effort.
- r. Get more permanent staff. It's difficult to get acquainted and trust someone when they leave.

Baltimore City Health Department Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Case Management - Adherence

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides a specialized case management service which helps people to get the services they need and also helps people with making appointments and taking medication.

In the past year, have you received this type of service at this agency?

- ☐ Yes ► If YES, please continue to answer the remaining questions.
☐ No ► If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code?
If you don't know your zip code,
write what city you are currently living in: _____
8. Have you ever been in jail or prison?
- ☐ Yes ☐ If YES, what year were you released? Year: _____
☐ No
9. In what year did you first test positive for HIV ? Year:
10. Where did you receive this HIV test?
- ☐ At a health clinic or doctor's office
☐ During a hospitalization
☐ At an anonymous counseling and testing site
☐ At an emergency room
☐ At a prenatal care visit
☐ At labor and delivery
☐ In jail or prison
☐ At a drug treatment program
☐ At Job Corps
☐ In the military
☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
- ☐ Yes ☐ If YES, what year? Year:
☐ No
☐ Don't know
12. What was your last viral load?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it

13. What was your last CD4 count?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland HealthChoice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☐ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15b. How long have you received **case management-adherence** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How would you rate your health today?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about the services you receive

The following questions ask about your experiences as someone who has received case management adherence services at this agency. The word “provider” can refer to your case manager, nurse, doctor, peer counselor, or other health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

16. Is there someone at this agency who helps remind you to attend your medical appointments or to take your medications?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="button" value="▶ CONTINUE"/> |
| <input type="checkbox"/> No | <input type="button" value="▶ Skip to Question 17"/> |
| <input type="checkbox"/> Not sure | <input type="button" value="▶ Skip to Question 17"/> |
| <input type="checkbox"/> I don't need assistance with this. | <input type="button" value="▶ Skip to Question 17"/> |

16b. If YES, who is this person? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Peer counselor | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> No one helps me in this way. |

17. Do you have an adherence intervention plan that you developed with your case manager or nurse?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="button" value="▶ CONTINUE"/> |
| <input type="checkbox"/> No | <input type="button" value="▶ Skip to Question 18"/> |
| <input type="checkbox"/> Not sure | <input type="button" value="▶ Skip to Question 18"/> |
| <input type="checkbox"/> I don't know what an adherence intervention plan is. | <input type="button" value="▶ Skip to Question 18"/> |

17b. Did you sign your adherence intervention plan?

- ☐ Yes
☐ No
☐ I don't remember.
☐ I don't have a plan.
☐ I don't know what an adherence intervention plan is.

17c. Did you review your adherence intervention plan every three months and make changes to it if you needed to?

- ☐ Yes
☐ No
☐ I don't remember.
☐ I don't have a plan.
☐ I don't know what an adherence intervention plan is.

18. How do the people here help you remember to take your HIV medications? (Check all that apply.)

- ☐ They talk to me about taking them when I am at the clinic.
- ☐ They call to remind me.
- ☐ They page to remind me.
- ☐ They wrote out a schedule for me.
- ☐ They gave me some educational materials to help me remember.
- ☐ They got me a pill box.
- ☐ They got me a watch with an alarm.
- ☐ Other: Please specify: _____
- ☐ They don't do anything to help me remember.
- ☐ I don't take medications for my HIV disease.

19. How often do you talk to your peer counselor?

- ☐ I don't have a peer counselor.
- ☐ I don't talk with my peer counselor.
- ☐ Weekly
- ☐ Monthly
- ☐ Only a few times a year
- ☐ Other: Please specify: _____

20. Have you missed any primary medical care appointments in the last 3 months?

- ☐ Yes
- ☐ No
- ☐ I haven't had an appointment in the last 3 months.

20b. When you missed these appointments, what happened? (Check all that apply.)

- ☐ I haven't missed any appointments.
- ☐ Someone from the clinic calls me.
- ☐ Someone from the clinic pages me.
- ☐ I get a letter from the clinic.
- ☐ Someone from the clinic comes to see me.
- ☐ I call to reschedule when I remember.
- ☐ Nothing happens.

20c. Why do you think you missed appointments?

21. In the last month, how many times have you forgotten to take your HIV medications?

☐ I'm not taking HIV medications.

[▶ Skip to Question 24](#)

☐ Never

[▶ Skip to Question 22](#)

☐ One time

☐ Two times

☐ Three times

☐ More than 3 times

21.b Why do you think you forgot to take your medication?

22. Did your providers explain the side effects of your HIV medications in a way you could understand?

Yes

No

I'm not sure

Does not
apply

☐☐☐☐

23. Did your providers tell you ways to help you remember to take your HIV medications?

Yes

No

I'm not sure

Does not
apply

☐☐☐☐

24. Did your providers explain to you what kinds of medical tests you should be getting and often you should get them?

Yes

No

I'm not sure

Does not
apply

☐☐☐☐

25. Each time to come for a medical appointment or a case management visit, do your providers ask you whether you've remembered to take your HIV medications?

All of the
Time

Most Times

Sometimes

Rarely

Never

Does Not
Apply

☐☐☐☐☐☐

26. Please indicate how strongly you agree or disagree with the following statements:

26a. Overall, my life ran more smoothly because of the help I received from my case manager.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26b. This program helped me understand the importance of taking my HIV medications and coming to my medical appointments.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26c. This program helped me to take my HIV medications.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26d. This program helped me reduce my substance use.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26e. My substance use counselors understood where I was with my recovery and helped me to reduce or eliminate my drug use.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

- ☐ Yes
- ☐ No

27.a If your answer was Yes, when you called, did any of the following happen? (Please check all that apply.)

- ☐ You got the help you needed.
- ☐ You got a busy signal.
- ☐ You were put on hold too long.
- ☐ You were disconnected.
- ☐ You left a message and no one called you back.
- ☐ The phone rang many times before it was answered.
- ☐ The person who answered the phone was unfriendly.
- ☐ You talked to several different people before talking with the right person.
- ☐ You don't like to call, because a machine always answers.
- ☐ Other; please specify: _____

28. How often do your providers tell you how important it is to keep your appointments?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the Time	Most Times	Sometimes	Rarely	Never	Have never called during off hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29.a If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

30. When you asked your providers about your health, was it hard to understand their answers?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Has your provider explained the side effects of your medications to you in a way you could understand?

Yes
☐

No
☐

Not Sure
☐

32. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

33. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

Does Not
Apply
☐

34. Do you feel “left out” of the decisions made about your treatment?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

35. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

36. When you think about your care at this agency, what words come to mind?
For each column of words, please select one word.

- ☐ Excellent
- ☐ Adequate
- ☐ Terrible
- ☐ OK
- ☐ Poor
- ☐ Terrible

- ☐ Personal
- ☐ Caring
- ☐ Friendly
- ☐ Rushed
- ☐ Unfriendly
- ☐ Impersonal

- ☐ Dignified
- ☐ Respectful
- ☐ Humiliating
- ☐ Scary

37. How would you rate the quality of case management adherence services you receive at this agency in comparison to other services you receive at other agencies?

Much better Better The Same Worse Much Worse Not Sure
☐ ☐ ☐ ☐ ☐ ☐

38. Would you recommend this agency to friends with similar needs?

Definitely Yes Maybe Definitely No Not Sure
☐ ☐ ☐ ☐

39. How did you complete this survey?

- ☐ By yourself, with no help.
- ☐ With help from someone.
- ☐ With someone reading the survey, and filling it out based on your answers.

40. What would you change to make this program better for yourself and other clients?

**Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.**

Baltimore City Health Department Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Client Advocacy

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides a specialized service called **client advocacy**. A social worker, or other trained professional, helps people obtain the HIV-related services they need. Often a client has a case manager from the Medicaid managed care organization (MCO), and the client advocate at this agency, will sometimes work with the case manager from the MCO.

In the past year, have you received this type of service at this agency?

- ☐ Yes ☐ If YES, please continue to answer the remaining questions.
☐ No ☐ If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code?
If you don't know your zip code,
write what city you are currently living in: _____
8. Have you ever been in jail or prison?
- ☐ Yes ☐ If YES, what year were you released? Year: _____
☐ No
9. In what year did you first test positive for HIV ? Year:
10. Where did you receive this HIV test?
- ☐ At a health clinic or doctor's office
☐ During a hospitalization
☐ At an anonymous counseling and testing site
☐ At an emergency room
☐ At a prenatal care visit
☐ At labor and delivery
☐ In jail or prison
☐ At a drug treatment program
☐ At Job Corps
☐ In the military
☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
- ☐ Yes ☐ If YES, what year? Year:
☐ No
☐ Don't know
12. What was your last viral load?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it

13. What was your last CD4 count?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland HealthChoice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☐ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15b. How long have you received **client advocacy** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How would you rate your health today?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Services Received

The following questions ask about your experiences as someone who has received client advocacy services at this agency. The word “provider” can refer to your case manager, client advocate, or a health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

17. Do you have an assigned client advocate, sometimes called a case manager, at this agency?

☐ Yes

▶ CONTINUE

☐ No

▶ Skip to Question 18

☐ Not sure

▶ Skip to Question 18

17b. How often do you meet or talk with your client advocate?

☐ I do not have a client advocate.

☐ Daily

☐ Weekly

☐ A few times a month

☐ Monthly

☐ A few times in the past year

☐ Other: Please specify: _____

17c. Who usually initiates contact, you or your client advocate?

☐ I do not have a client advocate.

☐ I usually contact my client advocate.

☐ My client advocate usually checks in with me.

☐ It's about the same. My client advocate calls me or I call the client advocate.

☐ Other: Please specify: _____

17d. Do you think you have the right amount of contact with your client advocate?

☐ I do not have a client advocate.

☐ It's the right amount of contact.

☐ Too much contact.

☐ Too little contact.

17e. Has your client advocate ever visited you at your home?

☐ I do not have a client advocate.

☐ Yes

☐ No

☐ I've asked him/her not to visit me at my home.

17f. Has your client advocate ever telephoned you?

- ☐ I do not have a client advocate.
- ☐ Yes
- ☐ No
- ☐ I've asked him/her not to telephone me.
- ☐ I don't have a telephone.

18. Many agencies develop a client advocacy action plan (or care plan) for their clients. This written plan lists the services that clients will receive and the goals and purpose of their services. Do you have client advocacy action plan (or care plan) that you developed with your client advocate?

- ☐ Yes ▶ CONTINUE
- ☐ No ▶ Skip to Question 19
- ☐ Not sure ▶ Skip to Question 19
- ☐ I don't know what client advocacy action plan is. ▶ Skip to Question 19

18b. Did you sign your client advocacy action plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a client advocacy action plan.
- ☐ I don't know what a client advocacy action plan is.

18c. Did you review your client advocacy action plan every three months and make changes to it if you needed to?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a client advocacy action plan.
- ☐ I don't know what a client advocacy action plan is.

19. Have you signed a consent form allowing your client advocate to discuss your needs (or action plan) with other service providers if they can help you meet your needs.

- ☐ Yes
- ☐ No
- ☐ I don't remember.

20. Each time to come in for a client advocacy visit, do your providers ask you whether you've remembered to take your HIV medications?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate how strongly you agree or disagree with the following statements:

21a. Overall, my life ran more smoothly because of the help I received from my client advocate.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21b. I wanted my client advocate to spend more time with me to help me with my problems.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21c. My client advocate involved my family and friends in my care as much as I wanted.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21d. My client advocate helped me get the services that my insurance would not provide me.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21e. My client advocate helped me understand my Medicaid managed care health insurance.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21f. My client advocate and my HIV medical care providers worked together to help me.

Strongly agree	Agree	Disagree	Strongly Disagree	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21g. My client advocate and my MCO case manager worked together to help me.

Strongly agree	Agree	Disagree	Strongly Disagree	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Did your client advocate ever help you complete forms to make sure that your Medicaid coverage continued?

- ☐ Yes
- ☐ No
- ☐ I don't remember.

23. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

- ☐ Yes ▶ Continue with Question 23b
- ☐ No ▶ Skip to Question 24

23b If your answer was yes, when you called, did any of the following happen? (Please check all that apply.)

- ☐ You got the help you needed.
- ☐ You got a busy signal.
- ☐ You were put on hold too long.
- ☐ You were disconnected.
- ☐ You left a message and no one called you back.
- ☐ The phone rang many times before it was answered.
- ☐ The person who answered the phone was unfriendly.
- ☐ You talked to several different people before talking with the right person.
- ☐ You don't like to call, because a machine always answers.
- ☐ Other; please specify: _____

24. How often do your providers tell you how important it is to keep your appointments?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the Time	Most Times	Sometimes	Rarely	Never	Have never called during off hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25b. If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

26. When you asked your client advocate about services, was it hard to understand his/her answers?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. When you come for an appointment, does your client advocate talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you feel "left out" of the decisions made about your care?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. When you think about your client advocacy services received at this agency, what words come to mind?

For each column of words, please select one word.

- ☐ Excellent
- ☐ Adequate
- ☐ Terrible
- ☐ OK
- ☐ Poor
- ☐ Terrible

- ☐ Personal
- ☐ Caring
- ☐ Friendly
- ☐ Rushed
- ☐ Unfriendly
- ☐ Impersonal

- ☐ Dignified
- ☐ Respectful
- ☐ Humiliating
- ☐ Scary

31. How would you rate the quality of client advocacy services you receive at this agency in comparison to other services you receive at other agencies?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Much better | Better | The Same | Worse | Much Worse | Not Sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32. Would you recommend this agency to friends with similar needs?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Definitely Yes | Maybe | Definitely No | Not Sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. How did you complete this survey?

- ☐ By yourself, with no help.
- ☐ With help from someone.
- ☐ With someone reading the survey, and filling it out based on your answers.

34. What would you change to make this program better for yourself and other clients?

**Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.**

Baltimore City Health Department Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Primary Care: Co-Morbidity

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides a specialized primary care service to people who receive medical care at this agency. People receiving their medical care also receive mental health services or substance abuse treatment at this agency. In addition, the agency may also provide case management.

In the past year, have you received this type of service at this agency?

☐ Yes ☐ If YES, check what services you are receiving at this agency:
☐ medical care ☐ mental health services ☐ substance abuse treatment
☐ case management

☐ No ☐ If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code?
If you don't know your zip code,
write what city you are currently living in: _____
8. Have you ever been in jail or prison?
- ☐ Yes ☐ If YES, what year were you released? Year: _____
☐ No
9. In what year did you first test positive for HIV? Year:
10. Where did you receive this HIV test?
- ☐ At a health clinic or doctor's office
☐ During a hospitalization
☐ At an anonymous counseling and testing site
☐ At an emergency room
☐ At a prenatal care visit
☐ At labor and delivery
☐ In jail or prison
☐ At a drug treatment program
☐ At Job Corps
☐ In the military
☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
- ☐ Yes ☐ If YES, what year? Year:
☐ No
☐ Don't know
12. What was your last viral load?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it

13. What was your last CD4 count?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland HealthChoice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☐ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15b. How long have you received **primary care** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15c. How long have you received **mental health** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15d. How long have you received **substance abuse treatment** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15e. How long have you received **case management** services from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How would you rate your health today?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Services Received

The following questions ask about your experiences receiving services at this agency. The word “provider” can refer to your case manager, nurse, doctor, peer counselor, or other health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

16. Is there someone at this agency who helps remind you to attend your medical appointments or to take your medications?

- ☐ Yes ▶ CONTINUE
- ☐ No ▶ Skip to Question 17
- ☐ Not sure ▶ Skip to Question 17
- ☐ I don't need assistance with this. ▶ Skip to Question 17

16b. If YES, who is this person? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Peer counselor | <input type="checkbox"/> Therapist or counselor |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Substance Abuse counselor | <input type="checkbox"/> No one helps me in this way. |

17. Many agencies develop a treatment plan for their clients. This written plan lists the services that clients will receive and the goals and purpose of their services. Do you have a treatment plan that you developed with your case manager, nurse, counselor or other provider?

- ☐ Yes ▶ CONTINUE
- ☐ No ▶ Skip to Question 18
- ☐ Not sure ▶ Skip to Question 18
- ☐ I don't know what a treatment plan is. ▶ Skip to Question 18

17b. Did you sign your treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a treatment plan is.

17c. Did you review your treatment plan every three months and make changes to it if you needed to?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a treatment plan is.

17d. Have you ever attended a meeting at this agency where your providers (i.e., case manager, nurse, doctor, counselor) met with you to talk about your care and your treatment plan.

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a treatment plan is.

18. How do the people here help you remember to take your HIV medications? (Check all that apply.)

- ☐ They talk to me when I am at the clinic about taking them.
- ☐ They call to remind me.
- ☐ They page to remind me.
- ☐ They wrote out a schedule for me.
- ☐ They gave me some educational materials to help me remember.
- ☐ They got me a pill box.
- ☐ They got me a watch with an alarm.
- ☐ Other: Please specify: _____
- ☐ They don't do anything to help me remember.
- ☐ I don't take medications for my HIV disease.

19. If you had to make appointments to see more than one provider, were you able to schedule all of them on the same day?

- | Yes | No | I'm not sure | Does not
apply |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20 Have you missed any primary medical care appointments in the last 3 months?

- ☐ Yes ▶ CONTINUE
- ☐ No ▶ Skip to Question 21
- ☐ I haven't had an appointment in the last 3 months. ▶ Skip to Question 21

20b. When you missed these appointments, what happened? (Check all that apply.)

- ☐ I haven't missed any appointments. ▶ Skip to Question 21
- ☐ Someone from the clinic calls me.
- ☐ Someone from the clinic pages me.
- ☐ I get a letter from the clinic.
- ☐ Someone from the clinic comes to see me.
- ☐ I call to reschedule when I remember.
- ☐ Nothing happens.

20c. Why do you think you missed appointments?

21. In the last month, how many times have you forgotten to take your HIV medications?

- ☐ I'm not taking HIV medications. ▶ Skip to Question 22
- ☐ Never ▶ Skip to Question 22
- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ More than 3 times

21.b Why do you think you forgot to take your medication?

22. Did your providers explain the side effects of your HIV medications in a way you could understand?

- | Yes | No | I'm not sure | Does not apply |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. Did your providers tell you ways to help you remember to take your HIV medications?

- | Yes | No | I'm not sure | Does not apply |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Did your providers explain to you what kinds of medical tests you should be getting and often you should get them?

Yes	No	I'm not sure	Does not apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Each time to come for a medical appointment or a case management visit, do your providers ask you whether you've remembered to take your HIV medications?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please indicate how strongly you agree or disagree with the following statements:

26a. Overall, my life ran more smoothly because of the help I received from my case manager or other members of my care team.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26b. This program helped me understand the importance of taking my HIV medications and coming to my medical appointments.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26c. This program helped me to take my HIV medications.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26d. My care team involved my family and friends in my care as much as I wanted to.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26e. My case manager, HIV medical care providers and my mental health and/or substance abuse counselors worked together to help me.

Strongly
agree
☐

Agree
☐

Disagree
☐

Strongly
Disagree
☐

I'm not sure
☐

27. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

☐ Yes

▶ Continue with Question 27.a

☐ No

▶ Skip to Question 28

27.a If your answer was Yes, when you called, did any of the following happen? (Please check all that apply.)

☐ You got the help you needed.

☐ You got a busy signal.

☐ You were put on hold too long.

☐ You were disconnected.

☐ You left a message and no one called you back.

☐ The phone rang many times before it was answered.

☐ The person who answered the phone was unfriendly.

☐ You talked to several different people before talking with the right person.

☐ You don't like to call, because a machine always answers.

☐ Other; please specify: _____

28. How often do your providers tell you how important it is to keep your appointments?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

29. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

Have never called
during off hours
☐

29.a If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

30. When you asked your providers about your health, was it hard to understand their answers?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Has your provider explained the side effects of your medications to you in a way you could understand?

Yes	No	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you feel "left out" of the decisions made about your treatment?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. When you think about your care at this agency, what words come to mind?
For each column of words, please select one word.

☐ Excellent
☐ Adequate
☐ Terrible
☐ OK
☐ Poor
☐ Terrible

☐ Personal
☐ Caring
☐ Friendly
☐ Rushed
☐ Unfriendly
☐ Impersonal

☐ Dignified
☐ Respectful
☐ Humiliating
☐ Scary

37. How would you rate the quality of services you receive at this agency in comparison to other services you receive at other agencies?

Much better	Better	The Same	Worse	Much Worse	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Would you recommend this agency to friends with similar needs?

Definitely Yes	Maybe	Definitely No	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How did you complete this survey?

- ☐ By yourself, with no help.
☐ With help from someone.
☐ With someone reading the survey, and filling it out based on your answers.

40. What would you change to make this program better for yourself and other clients?

Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.

Baltimore City Health Department Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Mental Health Services

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides mental health services, such as group and individual counseling.

In the past year, have you received this type of service at this agency?

- ☐ Yes ► If YES, please continue to answer the remaining questions.
☐ No ► If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code? _____
- ☐ If you don't know your zip code, write what city you are currently living in:
8. Have you ever been in jail or prison?
- ☐ Yes ☐ If YES, what year were you released? Year: _____
- ☐ No
9. In what year did you first test positive for HIV? Year: _____
10. Where did you receive this HIV test?
- ☐ At a health clinic or doctor's office
- ☐ During a hospitalization
- ☐ At an anonymous counseling and testing site
- ☐ At an emergency room
- ☐ At a prenatal care visit
- ☐ At labor and delivery
- ☐ In jail or prison
- ☐ At a drug treatment program
- ☐ At Job Corps
- ☐ In the military
- ☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
- ☐ Yes ☐ If YES, what year? Year: _____
- ☐ No
- ☐ Don't know
12. What was your last viral load? _____
- [If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it
13. What was your last CD4 count? _____
- [If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland HealthChoice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☐ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than 6
months | 6 months to
1 year | 1 to 2 years | 2 to 5 years | More than 5
years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15b. How long have you received **mental health services** from this agency?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than 6
months | 6 months to
1 year | 1 to 2 years | 2 to 5 years | More than 5
years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. How would you rate your health today?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Services Received

The following questions ask about your experiences as someone who has received mental health services at this agency. The word “provider” can refer to your case manager, nurse, doctor, peer counselor, or other health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

17. How long did it take you to get mental health services at this agency?

- ☐ 1 day
- ☐ a few days
- ☐ about a week
- ☐ a few weeks
- ☐ 1 month
- ☐ longer than a month
- ☐ I don’t remember.
- ☐ Does not apply

18. What mental health services have you received from this agency in the past year?
(Check all that apply)

- ☐ Individual counseling
- ☐ Group counseling
- ☐ Day program
- ☐ Other: Please specify: _____

19. Many agencies develop a mental health treatment plan for their clients. This written plan lists the services that clients will receive and the goals and purpose of their treatment services. Do you have a mental health treatment plan?

- ☐ Yes ▶ CONTINUE to Question 19b
- ☐ No ▶ Skip to Question 20
- ☐ Not sure ▶ Skip to Question 20
- ☐ I don’t know what a mental health treatment plan is. ▶ Skip to Question 20

19b. Did you participate in developing your mental health treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don’t remember.
- ☐ I don’t have a plan.
- ☐ I don’t know what a mental health treatment plan is.

19c. Did you sign your mental health treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a mental health treatment plan is.

19d. Did you review your mental health treatment plan every three months and make changes to it if you needed to?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a mental health treatment plan is.

20. Did your providers explain how your psychiatric medications and your HIV medications might interact?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | I'm not sure | Does not
apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Did your mental health providers and HIV medical providers work together to help you?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All of the
Time | Most Times | Sometimes | Rarely | Never | I'm not sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22 Please indicate how strongly you agree or disagree with the following statements:

22a. Overall, my life ran more smoothly because of the help I received.

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly
agree | Agree | Disagree | Strongly
Disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22b. My mental health providers involved my family and friends in my mental health treatment as much as I wanted.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly
agree | Agree | Disagree | Strongly
Disagree | Does Not
Apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22c. When I needed an appointment, I could see my mental health providers soon enough for my needs.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22d. I need more information about the purpose of my psychiatric medications and their side effects.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22e. Overall, I felt better because of the help I received.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

- ☐ Yes
- ☐ No

23b. If your answer was yes, when you called, did any of the following happen? (Please check all that apply.)

- ☐ You got the help you needed.
- ☐ You got a busy signal.
- ☐ You were put on hold too long.
- ☐ You were disconnected.
- ☐ You left a message and no one called you back.
- ☐ The phone rang many times before it was answered.
- ☐ The person who answered the phone was unfriendly.
- ☐ You talked to several different people before talking with the right person.
- ☐ You don't like to call, because a machine always answers.
- ☐ Other; please specify: _____

24. How often do your providers tell you how important it is to keep your appointments?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the Time	Most Times	Sometimes	Rarely	Never	Have never called during off hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25b. If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I called the crisis hotline.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

26. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you feel "left out" of the decisions made about your treatment?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. When you think about your mental health services received at this agency, what words come to mind?

For each column of words, please select one word.

- ☐ Excellent
- ☐ Adequate
- ☐ Terrible
- ☐ OK
- ☐ Poor
- ☐ Terrible

- ☐ Personal
- ☐ Caring
- ☐ Friendly
- ☐ Rushed
- ☐ Unfriendly
- ☐ Impersonal

- ☐ Dignified
- ☐ Respectful
- ☐ Humiliating
- ☐ Scary

31. How would you rate the quality of mental health services you receive at this agency in comparison to other services you receive at other agencies?

Much better ☐ Better ☐ The Same ☐ Worse ☐ Much Worse ☐ Not Sure ☐

32. Would you recommend this agency to friends with similar needs?

Definitely Yes ☐ Maybe ☐ Definitely No ☐ Not Sure ☐

33. How did you complete this survey?

- ☐ By yourself, with no help.
- ☐ With help from someone.
- ☐ With someone reading the survey, and filling it out based on your answers.

34. What would you change to make this program better for yourself and other clients?

**Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.**

Baltimore City Health Department Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Mental Health Services: Children and adolescents

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

If you are a parent or caregiver and your child receives services at this agency, please answer the questions on behalf of your child. Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides mental health services, such as group and individual counseling to children and adolescents.

In the past year, have you received this type of service at this agency?

- ☐ Yes ☐ If YES, please continue to answer the remaining questions.
☐ No ☐ If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

2. Are you a parent or caregiver and completing this survey on behalf of your child?

- ☐ Yes ☐ If YES, what is your relationship to the child? _____
☐ No. I am completing this survey for myself.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code? _____
☐ If you don't know your zip code, write what city you are currently living in:
8. Have you ever been in jail or prison?
☐ Yes ☐ If YES, what year were you released? Year: _____
☐ No
9. In what year did you first test positive for HIV? Year: _____
10. Where did you receive this HIV test?
☐ At a health clinic or doctor's office
☐ During a hospitalization
☐ At an anonymous counseling and testing site
☐ At an emergency room
☐ At a prenatal care visit
☐ At labor and delivery
☐ In jail or prison
☐ At a drug treatment program
☐ At Job Corps
☐ In the military
☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
☐ Yes ☐ If YES, what year? Year: _____
☐ No
☐ Don't know
12. What was your last viral load? _____
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it

13. What was your last CD4 count?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland HealthChoice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☒ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15b. How long have you received **mental health services** from this agency?

Less than 6 months	6 months to 1 year	1 to 2 years	2 to 5 years	More than 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How would you rate your health today?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Services Received

The following questions ask about your experiences as someone who has received mental health services at this agency. The word “provider” can refer to your case manager, nurse, doctor, peer counselor, or other health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

17. How long did it take you to get mental health services at this agency?

- ☐ 1 day
- ☐ a few days
- ☐ about a week
- ☐ a few weeks
- ☐ 1 month
- ☐ longer than a month
- ☐ I don't remember.
- ☐ Does not apply

18. What mental health services have you received from this agency in the past year?
(Check all that apply)

- ☐ Individual counseling
- ☐ Group counseling
- ☐ Family counseling
- ☐ Work with school on issues
- ☐ Day program
- ☐ Other: Please specify: _____

19. Many agencies develop a mental treatment plan for their clients. This written plan lists the services that clients will receive and the goals and purpose of their treatment services. Do you have a mental health treatment plan?

- ☐ Yes ▶ CONTINUE to Question 19b
- ☐ No ▶ Skip to Question 20
- ☐ Not sure ▶ Skip to Question 20
- ☐ I don't know what a mental health treatment plan is. ▶ Skip to Question 20

19b. Did you participate in developing your mental health treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a mental health treatment plan is.

19c. Did you sign your mental health treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a mental health treatment plan is.

19d. Did you review your mental health treatment plan every three months and make changes to it if you needed to?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a mental health treatment plan is.

20. Did your providers explain how your psychiatric medications and your HIV medications might interact?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | I'm not sure | Does not
apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Did your mental health providers and HIV medical providers work together to help you?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All of the
Time | Most Times | Sometimes | Rarely | Never | I'm not sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22 Please indicate how strongly you agree or disagree with the following statements:

22a. Overall, my life ran more smoothly because of the help I received.

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly
agree | Agree | Disagree | Strongly
Disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22b. My mental health providers involved my family and friends in my mental health treatment as much as I wanted.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly
agree | Agree | Disagree | Strongly
Disagree | Does Not
Apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22c. When I needed an appointment, I could see my mental health providers soon enough for my needs.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22d. I need more information about the purpose of my psychiatric medications and their side effects.

Strongly agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22e. Overall, I felt better because of the help I received.

Strongly agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

- ☐ Yes
- ☐ No

23b. If your answer was yes, when you called, did any of the following happen? (Please check all that apply.)

- ☐ You got the help you needed.
- ☐ You got a busy signal.
- ☐ You were put on hold too long.
- ☐ You were disconnected.
- ☐ You left a message and no one called you back.
- ☐ The phone rang many times before it was answered.
- ☐ The person who answered the phone was unfriendly.
- ☐ You talked to several different people before talking with the right person.
- ☐ You don't like to call, because a machine always answers.
- ☐ Other; please specify: _____

24. How often do your providers tell you how important it is to keep your appointments?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the Time	Most Times	Sometimes	Rarely	Never	Have never called during off hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25b. If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I called the crisis hotline.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

26. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you feel "left out" of the decisions made about your treatment?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. When you think about your mental health services received at this agency, what words come to mind?

For each column of words, please select one word.

- ☐ Excellent
- ☐ Adequate
- ☐ Terrible
- ☐ OK
- ☐ Poor
- ☐ Terrible

- ☐ Personal
- ☐ Caring
- ☐ Friendly
- ☐ Rushed
- ☐ Unfriendly
- ☐ Impersonal

- ☐ Dignified
- ☐ Respectful
- ☐ Humiliating
- ☐ Scary

31. How would you rate the quality of mental health services you receive at this agency in comparison to other services you receive at other agencies?

Much better ☐ Better ☐ The Same ☐ Worse ☐ Much Worse ☐ Not Sure ☐

32. Would you recommend this agency to friends with similar needs?

Definitely Yes ☐ Maybe ☐ Definitely No ☐ Not Sure ☐

33. How did you complete this survey?

- ☐ By yourself, with no help.
- ☐ With help from someone.
- ☐ With someone reading the survey, and filling it out based on your answers.

34. What would you change to make this program better for yourself and other clients?

Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.

Baltimore City Health Department
Ryan White Title I Office
Quality Improvement Program
Consumer Survey
Service Category: Substance Abuse Treatment Services

The Baltimore City Health Department is looking at the effectiveness and quality of care and support services it funds through Title I of the Ryan White CARE Act. We are asking consumers receiving services at these agencies to provide feedback about their experiences.

Please complete this survey as completely and honestly as you can. ***No one will know your answers to these questions.*** No names or other identifying information is being asked. The agency that provides you services will not be able to see the completed surveys. (Some basic demographic information is being asked to assure that the people completing the surveys are like the people receiving services.)

Following each statement or question, please mark the box that best matches your answer or opinion. Please mark only one box, unless other instructions are given.

Please answer the questions based on your experiences over the last year (12 months). If you have been coming to this agency for less than 12 months, then answer the questions based on your experiences since you started coming here.

Thank you for your assistance with this important evaluation activity. Your opinion is very important. If you have any questions when completing this survey, please do not hesitate to ask the person who gave it to you.

1. This agency provides substance abuse treatment services, such as methadone treatment, group and individual counseling, and detox services.

In the past year, have you received this type of service at this agency?

- ☐ Yes ► If YES, please continue to answer the remaining questions.
☐ No ► If NO, please return this questionnaire to the person who gave it to you. Thank you for your assistance.

A. General Information

The following questions ask you some background information about your health, insurance and other demographic data. These questions are being asked so that we can see how the people we are interviewing are like the people who receive services in Baltimore.

1. What is your date of birth?
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. What is your race/ethnicity?
 - ☐ White
 - ☐ Black/African-American
 - ☐ Hispanic/Latino/a
 - ☐ Caribbean
 - ☐ African
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaska Native
 - ☐ Other: Please specify: _____
5. What was your risk factor for HIV?
 - ☐ Men who have sex with men (MSM – gay or bisexual)
 - ☐ Injecting drug user (IDU)
 - ☐ MSM and IDU
 - ☐ Heterosexual contact
 - ☐ Heterosexual contact and IDU
 - ☐ Hemophilia/coagulation disease or receipt of blood products
 - ☐ I don't know
 - ☐ Perinatally transmitted
 - ☐ Other: Please specify: _____
6. What is your current living situation?
 - ☐ Rent a house, apartment, or room **with** an assistance program
 - ☐ Rent a house, apartment, or room **without** the help of an assistance program
 - ☐ Own a house or condo
 - ☐ Living in a family member's home
 - ☐ Living in a friend's home
 - ☐ Living on the streets
 - ☐ Living in a homeless shelter or emergency shelter
 - ☐ Living in a transitional or halfway house
 - ☐ Living in drug/alcohol treatment center
 - ☐ Other: Please specify: _____

7. What is your current zip code?
If you don't know your zip code,
write what city you are currently living in: _____
8. Have you ever been in jail or prison?
- ☐ Yes ☐ If YES, what year were you released? Year: _____
☐ No
9. In what year did you first test positive for HIV? Year:
10. Where did you receive this HIV test?
- ☐ At a health clinic or doctor's office
☐ During a hospitalization
☐ At an anonymous counseling and testing site
☐ At an emergency room
☐ At a prenatal care visit
☐ At labor and delivery
☐ In jail or prison
☐ At a drug treatment program
☐ At Job Corps
☐ In the military
☐ Other: Please specify: _____
11. Has a doctor/nurse told you that you have AIDS?
- ☐ Yes ☐ If YES, what year? Year: _____
☐ No
☐ Don't know
12. What was your last viral load?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it
13. What was your last CD4 count?
[If you don't know the exact number, it's OK to write a number that's close, or a range.]
- ☐ I don't know what this means
☐ I have never been tested
☐ I don't remember it

14. What type of health insurance do you have now?

- ☐ None – I have no help in paying my medical bills.
- ☐ Medicaid (also called Maryland Health Choice)
- ☐ Maryland AIDS Drug Assistance Program (MADAP or MADAP-Plus) or Maryland Drug Assistance Program
- ☐ Maryland Primary Care Program
- ☐ Medicare
- ☐ Private/ Commercial insurance
 - ☐ If you have private insurance, do you get this:
 - ☐ through my employer
 - ☐ through my spouse's employer
 - ☐ I pay for it myself
 - ☐ I have help paying for it from the Maryland AIDS Insurance Assistance Program (MAIAP).
- ☐ Veteran's Administration
- ☐ Department of Corrections
- ☐ CHIPS
- ☐ Other: Please specify: _____
- ☐ I don't know

15a. How long have you received **any** service from this agency?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than 6
months | 6 months to
1 year | 1 to 2 years | 2 to 5 years | More than 5
years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15b. How long have you received **substance abuse treatment** from this agency?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than 6
months | 6 months to
1 year | 1 to 2 years | 2 to 5 years | More than 5
years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. How would you rate your health today?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Services Received

The following questions ask about your experiences as someone who has received substance abuse treatment services at this agency. The word “provider” can refer to your case manager, nurse, doctor, peer counselor, or other health care provider at this agency. The word “staff” refers to non-medical people (like the receptionist) whom you see when you come to this agency.

17. How long did it take you to get into treatment at this agency?

- ☐ 1 day
- ☐ a few days
- ☐ about a week
- ☐ a few weeks
- ☐ 1 month
- ☐ longer than a month
- ☐ I don't remember.

18. What substance abuse treatment services have you received from this agency in the past year? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 3-day detox | <input type="checkbox"/> Methadone maintenance |
| <input type="checkbox"/> 7-day detox | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> 28-day detox | <input type="checkbox"/> Group counseling |
| <input type="checkbox"/> 12-step program/groups | <input type="checkbox"/> Day program |

☐ Other: Please specify: _____

19. Many agencies develop a substance abuse treatment plan for their clients. This written plan lists the services that clients will receive and the goals and purpose of their treatment services. Do you have a substance abuse treatment plan at this agency?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="button" value="▶ CONTINUE to Question 19b"/> |
| <input type="checkbox"/> No | <input type="button" value="▶ Skip to Question 20"/> |
| <input type="checkbox"/> Not sure | <input type="button" value="▶ Skip to Question 20"/> |
| <input type="checkbox"/> I don't know what substance abuse treatment plan is. | <input type="button" value="▶ Skip to Question 20"/> |

19b. Did you participate in developing your substance abuse treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a substance abuse treatment plan is.

19c. Did you sign your substance abuse treatment plan?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what an substance abuse treatment plan is.

19d. Was your substance abuse treatment plan reviewed every three months and changes mad if needed?

- ☐ Yes
- ☐ No
- ☐ I don't remember.
- ☐ I don't have a plan.
- ☐ I don't know what a substance abuse treatment plan is.

20. Did your providers explain how your substance abuse treatment (for example, methadone) and your HIV medications might interact?

- | Yes | No | I'm not sure | Does not
apply |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Do you think that your providers know about both substance use and HIV?

- | Yes | No | I'm not sure | Does not
apply |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Did or do your substance abuse treatment counselors, case manager, and HIV medical providers work together to help you?

- | All of the
Time | Most Times | Sometimes | Rarely | Never | I'm not sure |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. Please indicate how strongly you agree or disagree with the following statements:

23a. Overall, my life ran more smoothly because of the help I received.

- | Strongly
agree | Agree | Disagree | Strongly
Disagree |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23b. This program helped me reduce my drug use.

Strongly
agree
☐

Agree
☐

Disagree
☐

Strongly
Disagree
☐

23c. My substance abuse counselors helped me to achieve my substance abuse treatment plan goals.

Strongly
agree
☐

Agree
☐

Disagree
☐

Strongly
Disagree
☐

23d. My substance abuse counselors understood where I was with my recovery and helped me to reduce or eliminate my drug use.

Strongly
agree
☐

Agree
☐

Disagree
☐

Strongly
Disagree
☐

24. In the last 6 months, did you ever call this agency to make an appointment or to speak with someone about your care?

☐ Yes

▶ Continue with Question 24.a

☐ No

▶ Skip to Question 25

24.a If your answer was yes, when you called, did any of the following happen? (Please check all that apply.)

☐ You got the help you needed.

☐ You got a busy signal.

☐ You were put on hold too long.

☐ You were disconnected.

☐ You left a message and no one called you back.

☐ The phone rang many times before it was answered.

☐ The person who answered the phone was unfriendly.

☐ You talked to several different people before talking with the right person.

☐ You don't like to call, because a machine always answers.

☐ Other; please specify: _____

25. How often do your providers tell you how important it is to keep your appointments?

All of the
Time
☐

Most Times
☐

Sometimes
☐

Rarely
☐

Never
☐

26. If you needed care during off hours (evening or weekends), could you reach someone at this agency who could help you?

All of the Time	Most Times	Sometimes	Rarely	Never	Have never called during off hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26.a If you needed care during off hours (evening or weekends), and you could not reach someone at this agency who could help you, what did you do? (Please check all that apply.)

- ☐ I didn't need care during off hours.
- ☐ Does not apply. I was able to reach someone during off hours.
- ☐ I waited until the next day when the agency was open and then called.
- ☐ I went to an emergency room.
- ☐ I didn't do anything. I was feeling better the next day and didn't need to call.
- ☐ Other; please specify: _____

27. When you come for an appointment, does your provider talk with you about how to avoid passing HIV to other people and how to protect yourself from getting infected again with HIV?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Has your provider asked you about your life situation (e.g., housing, finances) and made a referral if you needed help?

All of the Time	Most Times	Sometimes	Rarely	Never	Does Not Apply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you feel "left out" of the decisions made about your treatment?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Do the providers and staff at this agency keep your HIV status and other personal information confidential?

All of the Time	Most Times	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. When you think about your substance abuse services received at this agency, what words come to mind?

For each column of words, please select one word.

- ☐ Excellent
- ☐ Adequate
- ☐ Terrible
- ☐ OK
- ☐ Poor
- ☐ Terrible

- ☐ Personal
- ☐ Caring
- ☐ Friendly
- ☐ Rushed
- ☐ Unfriendly
- ☐ Impersonal

- ☐ Dignified
- ☐ Respectful
- ☐ Humiliating
- ☐ Scary

32. How would you rate the quality of substance abuse services you receive at **this agency** in comparison to other substance abuse services you have received at other agencies?

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Much better | Better | the Same | Worse | Much Worse | Not Sure | Does not apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. Would you recommend this agency to friends with similar needs?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Definitely Yes | Maybe | Definitely No | Not Sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. How did you complete this survey?

- ☐ By yourself, with no help.
- ☐ With help from someone.
- ☐ With someone reading the survey, and filling it out based on your answers.

35. What would you change to make this program better for yourself and other clients?

**Thank you for taking the time to complete this survey.
Please return this survey to the person who gave it to you.**